

LIVE UNITED

2024/25 CAMPAIGN

@unitedwaydouglaspope | www.uwdp.org | 320-834-7800
503 Hawthorne Street, Alexandria MN, 56308

CONTACT INFORMATION

Company Name: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Combine my gift with my spouse/partner

Spouse/partner name: _____

Keep me **sustainable**.

(Continue my gift year over year until I change it.)

PAYROLL DEDUCTION

I authorize my employer to deduct: \$ _____ per pay period*
*Over the next year, 26 pay periods.

I would like to make a one time gift of: \$ _____

OTHER PAYMENTS

One time donation - Cash or check

Credit Card

#: _____

Expiration Date: _____

One time donation

Monthly donation

SIGNATURE (REQUIRED): _____

DESIGNATION (OPTIONAL): _____

United Way does not provide goods or services in consideration for any contribution made to the organization via this pledge form. The expenses associated with processing donor designations are recovered by an assessment for fundraising fees based on actual historical costs in accordance with United Way Worldwide Membership Standard M.



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