

*YES!—I Want to Make a Difference? -
Albemarle Area United Way Campaign*

Name _____

Home Address _____

City _____ State _____ Zip _____

Signature _____

I want my gift to help the most people. Use it for health and human service programs selected and monitored by United Way volunteers

I want my gift to be designated to the agency(ies) specified (must be at least a \$50 designation for each)

Agency # _____ Amount \$ _____

Agency # _____ Amount \$ _____

**Please make checks payable to:
ALBEMARLE AREA UNITED WAY
P.O. BOX 293; Elizabeth City, NC 27927-0293**



PAYMENT ENCLOSED / OR TO BE BILLED

I will donate a gift of: \$ _____

Total Gift = \$ _____

Amount Enclosed = \$ _____

Balance Due = \$ _____

Bill Me: One Time Semi-Annually Quarterly

PAYROLL DEDUCTION

I'll pledge a **FAIR SHARE** gift of **one hour's** pay per month through payroll deduction. \$ _____ each pay period.

A total for the year of \$ _____

I'll pledge \$ _____ each pay period, through payroll deduction.

A total for the year of \$ _____