

## **United Way of Defiance County**

(419) 782-3510 608 Clinton Street Defiance, OH 43512 abby@unitedwaydefiance.org www.unitedwaydefiance.org www.volunteerdefiancecounty.com

## **Pledge Form**

Home Address	City	, State, Zip	
Home Phone	Cell Phone	<del></del>	
Email	Employer		
STEP 2 Gift Amount an	d Payment Method		
Payroll Deduction:	Cash, Check, or Credit Card:	Bill Me: \$	By Mail
\$ per pay period  Weekly (52)  Bi-weekly (26)  Semi-Monthly (24)  Monthly (12)	Cash \$ Check # Amt \$  Payable to United Way of Defiance County  Credit card \$*  *Please visit unitedwaydefiance.org	Monthly Quarterly Semi-annually Once	By Emai
otal Gift:		•	
Additional Gift O  I would like to ADD \$30 to r to sponsor a child for one year i	ny gift I would li n Dolly gift to sponso	ke to ADD \$100 to my or a child's food through /ay of Defiance County's	
Parton's Imagination Library. Er children received a new book in	the Backpack Bu	ddy Program for one	Backpa
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Thank you for your support!

Your gift is tax-deductible as allowed by law.

No goods or services have been given in return for this pledge.