



St. John United Way

P.O. Box 2019, Reserve, LA 70084

Phone: 985-651-9118 / Fax: 985-651-9110

www.stjohnunitedway.org

EMPLOYER NAME: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

2 WAYS TO GIVE (Please select Payroll Deduction or Direct Gift)

1. EASY PAYROLL DEDUCTION:

A. I want to contribute the following amount each pay period:

- \$5
- \$10
- \$25
- \$50
- Other \$ _____

My company has: _____ Pay periods

My total annual gift: \$ _____

B. My Fair Share (one hour of pay per month) \$ _____

2. DIRECT GIFT:

Direct Gift to be paid by:

Cash

Check

*Make check payable to "St. John United Way".

My total annual gift: \$ _____

Credit Card payments can be made on our website
stjohnunitedway.org
 Click the **DONATE** button

PLEASE CHOOSE HOW TO INVEST IN YOUR COMMUNITY

Option A

St. John United Way Community Action Fund

Option B

St. John United Way Impact Areas

HEALTH

EDUCATION

FINANCIAL STABILITY

Option C

Agency (\$100 minimum pledge required for Non St. John United Way Agency)

\$ _____ Agency Name & Address:

Please check the accuracy of all your entries. Thanks for investing in United Way!

Signature: _____ Date: _____

Our organization is a 501(c)3 and your donation is tax deductible.
PLEASE KEEP A COMPLETED COPY OF THIS PLEDGE CARD FOR YOUR RECORDS.

White - United Way Yellow - Employer Pink - Employee