

## **United Way of Grayson County**

P.O. BOX 1112, Sherman, TX 75091 unitedwaygrayson.org • 903-893-1920

## PLEDGE FORM

Company name: Grayson County Employee Name: Employee #: Department #: Department:  Home Address Address: City, State Zip: Home Email Phone Number  HOW I WANT TO GIVE  By Payroll Deduction – January 1-December 31 \$2/paycheck\$5/paycheck\$10/paycheck\$25/paycheck \$10/paycheck\$25/paycheck Credit Card: Please visit our website to complete credit card donations			
Employee #: Department: Department: Department: Department: Department: Department: Department: Department: Department: Phone Address	2 0		PLEASE VERIFY YOUR INFORMATION
Home Address  Address: City, State Zip: Home Email Phone Number  HOW I WANT TO GIVE  By Payroll Deduction – January 1-December 31  \$2/paycheck \$5/paycheck \$10/paycheck \$25/paycheck	Employee #:	_	
Address:  City, State Zip:  Home Email  Phone Number  By Payroll Deduction – January 1-December 31  \$2/paycheck  \$5/paycheck  \$10/paycheck  \$25/paycheck			
HOW I WANT TO GIVE  By Payroll Deduction – January 1-December 31  \$2/paycheck \$5/paycheck \$10/paycheck \$25/paycheck  \$/paycheck	Address:		
By Payroll Deduction − January 1-December 31  □ \$2/paycheck □\$5/paycheck □\$10/paycheck □\$25/paycheck  □ \$/paycheck	Home Email	Phone	Number
□ \$2/paycheck □\$5/paycheck □\$10/paycheck □\$25/paycheck □ \$/paycheck	HOW I WANT TO GIVE		
	□ \$2/paycheck □\$5/paycheck □ \$/paycheck	□ \$10/paycheck	
By signing this form for payroll deduction, I am authorizing Grayson County to deduct the amount specified from my biweekly paycheck for contribution to United Way. I must notify Grayson County in writing to stop this deduction.			•
PLEASE SIGN AND DATE	PLEASE SIGN AND DATE		
SIGNATURE DATE  No goods or services were provided in exchange for this contribution. United	No goods or services were provided in evaluate for this contribution Units	SIGNATURE	DATE



