

Name(s) As preferred in publications: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

E-mail: _____

Employer: **Minn-Dak, Wahpeton ND**

Donor Signature: _____

Date: _____

Cash/Check

Total Pledge
\$ _____

Check #

Payroll Deduction

Total Pledge
\$ _____

Amount/Pay Period
\$ _____ / _____

Bill Me Quarterly

Total Pledge
\$ _____

Amount Paid Now
\$ _____

Balance Due
\$ _____



I wish my gift to be anonymous

THANK YOU

United Way of Richland-Wilkin does not sell, rent or share donor names.
We ask for your name and address only to acknowledge your gift and to maintain adequate records for auditing and accountability standards.

IF NEEDED, THE BOTTOM PORTION CAN BE FILLED OUT FOR YOUR COPY

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