

**United Way of Tuscarawas County, Inc.**



1458 Fifth Street N.W.  
PO Box 525  
New Philadelphia, Ohio 44663  
(330) 343-7772

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Date \_\_\_\_\_

(Official receipt)

**IRS DECLARATION**  
Nothing has been given in return for this contribution. Receipts for non-payroll contributions in the amount of \$250 or more will be mailed in January of the year following payment.

**INDIVIDUAL PLEDGE**

\$ \_\_\_\_\_ TOTAL PLEDGE      \$ \_\_\_\_\_ AMOUNT PAID      \$ \_\_\_\_\_ BALANCE DUE

Signature \_\_\_\_\_

**Your gift is needed  
and appreciated.  
Thank You!**

Please bill me:

- Quarterly
- Semi-Annually
- Annually

*I wish to designate my donation (see other side)*

**United Way  
of Tuscarawas County**

PLEDGE	\$
PAID	\$
BALANCE	\$

Date \_\_\_\_\_

Solicitor \_\_\_\_\_  
Tax Deductible Donation

**Your Gift  
is needed  
and  
appreciated.**

*Thank  
You!*

**OPTIONAL DESIGNATION:**

Please note the following procedures apply to agency designations. A minimum amount of \$25 is required for each separate agency designated. The designated agency must be a nonprofit 501-(C)-(3) organization. The agency must provide health or human service programming in Tuscarawas County. Please see our brochure for a listing of agencies our volunteers have reviewed and approved. United Way cannot certify the financial or program accountability of agencies not listed in our campaign brochure. In the event a designation is received that does not meet our guidelines, the funds will be distributed by experienced community volunteers.

- Option A: \$ \_\_\_\_\_ Please use my gift in the way that best meets community needs as determined by experienced volunteers.
- Option B: \$ \_\_\_\_\_ Please use my gift to support United Way's "Care Areas" as determined by a recent donor survey.

- Strengthening Families and Children       Health & Wellness       Emergency Needs

- Option C: \$ \_\_\_\_\_ Please use my contribution to support Direct Services (e.g. Prescription, Utility, Rent Assistance).
- Option D: \$ \_\_\_\_\_ Please direct my gift to the United Way serving the following county: \_\_\_\_\_
- Option E: \$ \_\_\_\_\_ Please send my gift to the following nonprofit agency (ies): \_\_\_\_\_

Signature: \_\_\_\_\_