



102 North Water Street | Kittanning, PA 16201 | 724-543-2610
www.uwarmco.com

Contribution Form

United Way of Armstrong County

PAYROLL DEDUCTION PLAN		
\$	\$	\$
PER WEEK	PER MONTH	PER PAY
Company Name: _____		
PAYROLL DEDUCTION: THE EASIEST WAY TO GIVE		

OR

DIRECT CONTRIBUTION		
\$	\$	\$
TOTAL GIFT	PAID NOW	BALANCE DUE
Please bill me for the balance due:		
<input type="checkbox"/>	Monthly	
<input type="checkbox"/>	Quarterly	
<input type="checkbox"/>	Other - Specify _____	

- Please use my gift to help all of the 15 United Way agencies.
- Please direct my gift to the following agency:
(A complete list of United Way agencies can be found at www.uwarmco.com)

- Please check if you would object to the publication of your name as a donor.

Name: _____

Address: _____

Signature: _____

Donor Choice Policy

Donations designated to Armstrong County United Way agencies are allocated in their entirety. Donations designated to non-United Way health and human service agencies located in Armstrong County will be honored minus 14% administrative fee. Donations designated to health and human service agencies outside Armstrong County require a \$100.00 minimum and are subject to a 15% administrative fee. Designations which do not comply will be allocated at the discretion of the United Way.

The official registration and financial information of the United Way of Armstrong County may be obtained from the Pennsylvania Department of State by calling toll free, 0within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Date: _____

_____ is a contributing member of the **United Way of Armstrong County**

_____ Reference No.

\$ _____ Total Gift

\$ _____ Paid Now _____

\$ _____ Balance Due _____

UNITED WAY VOLUNTEER'S SIGNATURE

On behalf of all the people in Armstrong County who will be helped by your gift this year, thank you for your contribution.

Thank You!

YOUR CONTRIBUTION IS TAX DEDUCTIBLE.



*Celebrating
50 years
of serving
Armstrong County!*