

**United Way of Wise County**

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**LIVE UNITED™**

*Pledge Form, 2023 – 2024 CAMPAIGN to Advance the Common Good*

**TO: Payroll Department**  
**Employer Name** \_\_\_\_\_

**FROM: Employee Name** \_\_\_\_\_  
**Employee ID** \_\_\_\_\_ (if applicable)

**ABSOLUTELY!** You can count on me! I Choose to “LIVE UNITED”!  
Here’s my pledge to help our youth, our elderly and our neighbors in need.

**TOTAL ANNUAL PLEDGE:** \_\_\_\_\_

*Option 1 - Payroll Deduction, Percentage per pay period:*

Please deduct the following checked item from my regular paycheck:  
\_\_\_ 1% of salary \_\_\_ 2% of salary \_\_\_ 1 hour’s pay/mo \_\_\_ 2 hour’s pay/mo  
Beginning with the pay period \_\_\_\_\_  
And continuing for \_\_\_\_\_ pay periods

*Option 2 – Payroll Deduction, \$\$ per pay period:*

Please deduct \$\_\_\_\_\_ from my regular paycheck  
Beginning with the pay period \_\_\_\_\_  
And continuing for \_\_\_\_\_ pay periods

*Option 3 – One-time Payment:*

Please forward attached check for \$\_\_\_\_\_ to United Way of Wise County. (Check should be made out to “United Way of Wise County”.)

Standard designation: The United Way of Wise County Community Fund.  
Optional designation: Please designate my contribution to \_\_\_\_\_.

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

**Thank you!** Your contribution is very important to your community. Please return completed form as soon as you can to your Payroll Department.