



Name: _____

College/Division: _____

Department: _____

Email: _____

Banner ID _____
(Your ID can be found on your paystub)



UNITED WAY CAMPAIGN 2021-2022
UNITED for our Community

Important note: We want to process your gift correctly so please fill out this form with care. All gifts will be forwarded as specified by you, the contributor, after a deduction for administrative costs. Because of the generous contributions of people like you, United Way of Portage County has been effective and successful in helping residents in our community for more than 70 years. **Thank you for caring!**

Payroll Deduction

(By designating payroll deduction, even for one-time donations, you will have an IRS accepted tax form in your final paystub of the year in which your donation was taken)

Total annual gift = \$ _____

Divided by number of pays per year. (Please select one)

☐ Faculty (18 or 24 pays)

☐ Unclassified (24 pays)

☐ Classified (26 pays)

☐ One-time gift (first pay in January)

I authorize \$ _____ to be deducted from each pay.

Employee Signature Date

Designation of Contribution

You may designate all or a portion of your contribution to one or more of the following areas. If no designation is made, community volunteers will allocate your gift:

For Portage County Contributions Only

Designation category	Amount
Community Impact Fund of United Way of Portage County (an unrestricted gift for vital health and human services in Portage County)	_____
Area of Need:	
Education	_____
Financial Stability	_____
Health	_____
United Way Partner Agency	_____
(Designation to each agency must be at least \$48.0)	_____

Cash/Check

Enclosed is my cash or check (payable to the "United Way of Portage County") in the amount of \$ _____

Invoice

Bill me \$ _____ ☐ monthly ☐ quarterly
(please select one)

for a yearly total of \$ _____

Billing address: _____

Credit Card

If you would like to pay by credit card, please provide the following information and a representative from the United Way of Portage County will contact you for your credit card information and process your payment.

Phone number _____ Amount _____

Contribution to a Different United Way

United Way Services of Geauga County
United Way of Ashtabula County
United Way of Trumbull County
United Way of Southern Columbiana Cty
United Way of Northern Columbiana Cty
United Way of Tuscarawas Cty
United Way of Greater Stark County

Contribution to a Qualified Agency

(501(c)(3) nonprofit agency)

Agency name & address: _____ Amount: _____

Designation to each agency must be at least \$48.00.

United Way will verify this status with the agency you specify to protect the tax deductibility of your designation. Feel free to call us at 330-297-1424 if you are unsure whether or not an organization is tax-exempt and meets the standards of IRS Section 501(c)(3). Designations made to an agency that do not have 501(c)(3) status will be redirected to the Community Fund of United Way. **Designation to each agency must be at least \$48.00**

Scan form and send to pdeno@kent.edu or
mail to P. Denno, Executive Offices,
Finance and Administration

☐ Please keep me anonymous.