



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](mailto:pdeno@kent.edu) or mail to P. Denno, Executive Offices, Finance and Administration

Please keep me anonymous.