United Way of Oxford-Lafayette County



440 N. Lamar Blvd., Suite 5 | Oxford, Mississippi 38655 uwoxfordms.org | Social Media: @UWOxfordMS info@unitedwayoxfordms.org | (662) 236-4265

1. Complete Your Contact Information (Please Type or Print)

Pre	efix First Name	MI Last Name					
Mailing Address		City	State		Zip		
Em	nail Address		Mobile	Numb	er		
2.	Easy Payroll Deduction						
a.	\$	_ x Pay Pe	riods = Total Ple	dge of	\$		
b.	Fair Share: One Hour Per Month (Hourl	ir Share: One Hour Per Month (Hourly Rate = \$)					
c.	Employer:						
3.	Direct Donation						
a.	Check (Make Payable to United Way of Oxford-Lafayette County, UWOLC, or United Way) \$						
b.	Credit/Debit Card, PayPal, Etc. \$			Weekl	ly □ Monthly □ Qu	arterly □ One Time	
	You can donate online using the applicable QR codes below or by visiting uwoxfordms.org/donate or venmo.com/uwoxfordms.						
c. d.	Bank Draft for a Total Pledge of \$		- mbes	· 🖃	in erein		
	☐ Weekly ☐ Monthly ☐ Quarterly ☐ S		넀				
	You can download the authorization for code to the right or by visiting uwoxford	ad the authorization form using the applicable QR or by visiting uwoxfordms.org/ach.pdf.					
	Direct Bill for a Total Pledge of \$	UWOLC W	oboito	UWOLC Venmo	UWOLC Bank		
	☐ Monthly ☐ Quarterly ☐ Semi-Annua	ally □ One Time	Donation I (Credit/Deb	Page	Account Page (Credit/Debit Card	Draft Authorization Form (PDF)	
	An invoice or invoices will be sent to you	u as specified.	or PayP	al)	or Bank Account)		
e.	Stock Transfer or IRA Distribution \$		(UWC	DLC will	I contact you to finali	ze donation details.)	
f.	Cash (Enclosed) \$						
g.	Other (Describe)			\$			
4.	Additional Information			Lea	ders in Giving Le	evels	
a.	I have been donating to United Way app	proximately	_ years		queville Society: \$		
b.	If this is your first United Way gift, pleas	e check the following: \Box		Visionary: \$3,000 to \$9,999 Community Builder: \$1,000 to \$2,999 Foundation Giver: \$500 to \$999			
c.	If you are 35 or younger, please check to	the following: \square		Emerging Leader: \$250+ & ≤ 35 Years Old			
d.	Other Pertinent Information (If Applicable	le)					
Sig	gnature			Date	9		
Name(s) in Materials		☐ I (or we) prefer to be anonymous					