A picture containing knife

Description automatically generatedA screenshot of a cell phone

Description automatically generated

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| --- | --- | --- |
| **THANK YOU FOR CHOOSING UNITED WAY** | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ | | |
| Company/ Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Signature to authorize pledge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Please send my Thank You via email | | |
| **CHOOSE WHERE YOU WOULD LIKE TO CONTRIBUTE** | | |
| **GIVE TO GENERAL FUND** | | |
| United Way community volunteers will determine how to best invest your contribution through partner organization grants | | |
|  | | |
|  | | |
| **GIVE TO SPECIFIC ORGANIZATION ( 4 only)– check organization and write amount** | | |
| **American Red Cross \_\_\_\_\_\_\_\_ Beatitudes \_\_\_\_\_\_\_\_ Big Brother/ Big Sister \_\_\_\_\_\_\_\_** | | |
| **Boy Scouts of Hardin County \_\_\_\_\_\_\_\_ Community Health Professionals – Hospice \_\_\_\_\_\_\_\_** | | |
| **P.A.S.S.\_\_\_\_\_\_\_\_ Dolly Parton’s Imagination Library \_\_\_\_\_\_\_\_**  **Girl Scouts of Western Ohio \_\_\_\_\_\_\_\_** | | |
| **Hardin County Council on Aging \_\_\_\_\_\_\_\_ Hardin County YMCA \_\_\_\_\_\_\_\_ Helping Hands Outreach \_\_\_\_\_\_\_\_** | | |
| **Kenton Little League \_\_\_\_\_\_\_\_ Love in the Name of Christ \_\_\_\_\_\_\_\_ Midwest Regional ESC \_\_\_\_\_\_\_\_** | | |
| **Mobility Foundation \_\_\_\_\_\_\_\_ Neighborhood Center \_\_\_\_\_\_\_\_ New Hope Ministries \_\_\_\_\_\_\_\_** | | |
| **Safe Haven of Hardin County \_\_\_\_\_\_\_\_ Salvation Army \_\_\_\_\_\_\_\_** | | |
| **CHOOSE HOW YOU WOULD LIKE TO CONTRIBUTE** | | |
| **PAY ROLL DEDUCTION- Signature to approve deduction**  **x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Total for year |
| Amt. deducted per pay period No. payments per year | |  |
| **ENCLOSE GIFT NOW** | | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CASH CHECK** | | Total for year |
| **CREDIT CARD** | |  |
|  | | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | | Total for year |
| To do so, please log-on to [www.unitedwayhardincounty.org](http://www.unitedwayhardincounty.org), click on the “Donate” button on the homepage and follow the PayPal instructions. | |  |
|  | |  |

2021 Campaign

**PO Box 547**

**Kenton, Ohio, 43326**