



WHEN YOU GIVE, WE ALL WIN!

#3 ADDITIONAL OPTIONS

PLEASE COMBINE MY GIFT WITH MY SPOUSE/PARTNER'S CONTRIBUTION!

THEIR NAME: _____

THEIR EMPLOYER: _____

PLEASE LIST ME/US AS: _____

AN ANNUAL INDIVIDUAL OR COMBINED HOUSEHOLD CONTRIBUTION OF \$1000 OR MORE QUALIFIES FOR RECOGNITION AS A MEMBER OF THE ALEXIS COQUILLARD SOCIETY.

OPTIONAL: **\$50 minimum contribution required for designation options**

I would like to designate my donation to the following:

IMPACT AREA: Health Education Income

ANOTHER UNITED WAY: _____ **UNITED WAY IMPACT PARTNER:** _____

*16.42% administration fee, compliant with United Way Worldwide standards, is charged to offset the cost of processing all designated dollars.

FIVE PERCENT (5%) OF YOUR TOTAL UNITED WAY CONTRIBUTION BENEFITS THE ND EMPLOYEE COMPASSION FUND.

Please return your completed pledge card to: 501 Grace Hall *United Way Campaign*