I'M A CHANGEMAKER.



First Name	Last Name			
Home Address				
City	State Zip			
Home Phone	Cell Phone			
Email Address				
Company Name	Work Phone			
My Total Gift Am				
☐ Payroll Deduction \$	TRUITATED TRAYAMOUNT NO. PAY PERIODS (CIRCLE ONE) The checks payable to United Way Services of Geauga County)			
☐ Bill Me (\$50 minimum)				
☐ Donated Securities (Ca	all 216.436.2042)			
☐ Credit Card Visa	MastercardDiscoverAmEx			
Account Number Donate Online at uwsg	Exp. Date			
Sign Here to Authorize Yo	ur Pledge Date			



FOR CHANGE

Your gift, along with the support from others, will make a powerful impact on the financial stability of households in this community by easing the burden for those who do not earn enough to afford their basic needs. No one should struggle to keep a roof over their head, food on their table or many of the other things that we take for granted every day. However, if you should choose, you may direct your gift to another health or human service organization below.

ORGANIZATION NAME		
STREET ADDRESS		

CITY, STATE, ZIP

THANK YOU FOR YOUR CONTRIBUTION. NO GOODS OR SERVICES WERE PROVIDED IN EXCHANGE FOR THIS CONTRIBUTION. ALL GIFTS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.