## I'M A CHANGEMAKER.



First Name	Last Nam	е
Home Address		
City	5	State Zip
Home Phone	Cell Phon	e
Email Address		
Company Name	Work Pho	ne
My Total Gift A	mount: \$	25+ years
☐ Payroll Deduction \$	x 52 Per pay amount no. p.	26 24 12 = \$ AY PERIODS (CIRCLE ONE) TOTAL SIFT United Way Services of Geauga County)
☐ Bill Me (\$50 minimun	1)	
☐ Donated Securities (	Call 216.436.2042)	
☐ Credit CardVisa	Mastercard	DiscoverAmEx
Account Number		Exp. Date
☐ Donate Online at uw	sgc.org/donate	
Sign Here to Authorize \	our 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.