

Name

Billing Address

DIVISION
Residential



OFFICIAL RECEIPT

UNITED WAY OF HENRY COUNTY

I PLEDGE MY FAIR SHARE (1 HOUR'S PAY PER MONTH)

In consideration of the gifts of others, and services rendered by member agencies, my total pledge is \$.....
 Check Cash Paid Herewith \$.....
Balance \$.....



I wish a statement from the United Way quarterly
 Other (Please specify)

Signature Date
Employer
AGENCY DESIGNATION _____

The United Way appreciates your contribution for agency use
YOUR GIFT
MAY BE
TAX DEDUCTIBLE

.....
Name

.....
Date

AMOUNT PLEDGED \$.....
PAID \$.....

THANK YOU from the agencies
in the **UNITED WAY** of
HENRY COUNTY.

By
Solicitor