



United Way of Lowndes County
 P. O. Box 266
 Columbus, Mississippi 39703
 Phone (662) 328-0943
 www.unitedwaylowndescounty.org

CONTRIBUTOR INFORMATION

NAME _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____ Date _____

*Thank you for your generous tax deductible gift to
 United Way of Lowndes County!*

CONTRIBUTION OPTIONS

PAYROLL DEDUCTION

FAIR SHARE (One hour's pay per month) TOTAL PLEDGE \$ _____
 OTHER \$ _____ Per Pay Period TOTAL PLEDGE \$ _____

OTHER GIVING OPTIONS

Please accept my one-time gift of \$ _____ (cash or check) enclosed.
 Please bill me for a pledge of \$ _____
 (check one) _____ Quarterly _____ Annually on (date) _____

Corporate Contribution

Pledge \$ _____ Paid Now \$ _____ Balance Due \$ _____
 Bill Us \$ _____ Quarterly _____ Annually on (date) _____



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