



**United Way of
Junction City-Geary County**

United Way Contribution Card

Name _____

Address _____

City/St. _____ Zip _____

Email _____

Employer _____

**Method of Payment:
One-Time Donation**

\$ _____

____ Check/Cash attached

____ Bill monthly starting Jan.

____ Bill quarterly starting Jan.

____ One time billing on

Payroll Deduction

____ \$ _____ per pay period

____ \$ _____ One Time
contribution

United Way of Junction City does not provide goods or services as whole or partial consideration for a contribution. Your contribution is tax deductible to the extent permitted by law.

Please choose how you want to invest in your community

____ United Way Community Impact Fund \$ _____

____ Promoting Education \$ _____

____ Promoting Health \$ _____

____ Promoting Income Stability \$ _____

____ Promoting Safety Net Services \$ _____

____ Specific Agency \$ _____ (\$25 minimum)

Agency Name _____

Signature