



Henry County United Fund  
Pledge Card

Please Print

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*Please select Payroll Deduction or a Direct Gift*

**Easy Payroll Deduction**

My total annual gift

Amount \$ \_\_\_\_\_

I want to contribute the following amount each pay period:

- \$50
- \$25
- \$10
- \$5
- Other \$ \_\_\_\_\_

**Direct Gift**

Amount \$ \_\_\_\_\_

Direct Gift to be paid by:

- Cash
- Personal Check (enclosed)
- Bill me

\*minimum donation of \$50 for billing option\*

- Monthly
- Quarterly
- Semi-annually

Signature: \_\_\_\_\_

**Thank you for your  
contribution through the  
Henry County United  
Fund campaign.**

Please return completed Pledge Card to:

**Henry County United Fund**

1201 Race Street Suite 103

PO Box 6082

New Castle, IN 47362

Office Phone: (765)521-7410



**Henry County  
United Fund**

**Your Community's Helping Hand**

[www.unitedfund.com](http://www.unitedfund.com)

[www.facebook.com/HenryCountyUnitedFund/](http://www.facebook.com/HenryCountyUnitedFund/)