

NAME _____

ADDRESS _____

Thank You for your Support of the United Fund

DATE _____ \$ _____

CHECK () CASH () PAYROLL DEDUCTION ()

() I hereby authorize my employer to deduct
The balance of my pledge as follows:

() \$ _____ Per Week: \$ _____ Per Pay;

() \$ _____ Per Month () OR AS FOLLOWS:



United Fund of Denver City

Signed _____ Date _____