



# Wyoming Medical Center



Please return this form to: **HUMAN RESOURCES**

## Information about you

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Home mailing address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Thank you, I choose not to participate this year:

## Yes, I want to support our community through United Way of Natrona County

I want to donate to United Way of Natrona County's 29 partner agencies.

Please designate my contribution to this United Way agency: \_\_\_\_\_

## Information about your contribution

Total contribution \$ \_\_\_\_\_

### Payment Option

Check enclosed (payable to United Way)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Payroll Deduction \$ \_\_\_\_\_ X # of pay periods 24 = Total Gift \$ \_\_\_\_\_

Please bill me directly (minimum pledge of \$50): \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Annually

I choose to donate \_\_\_ hours of PLT per pay period (24 pay periods) **Initial here:** \_\_\_\_\_

I choose to make a onetime donation of \_\_\_\_\_ PLT hours. Initial here: \_\_\_\_\_

## LEADERSHIP GIVING

A total pledge of \$500 or more automatically enrolls donor in the United Way of Natrona County Platte Society. Leadership gifts are acknowledged with a plaque engraved with donor's name. Please list the name/s to be engraved on the plaque. \_\_\_\_\_

I do not want want my name to be on the United Way web site or any publication.

I authorize Wyoming Medical Center's Payroll department to deduct from my paycheck or buyout my personal leave hours and donate to the United Way of Natrona County. By signing this form, I hereby agree to continue my donation for the duration of the calendar year. Additionally, if I choose to donate my PLT hours, I agree to monitor my PLT usage in order to reserve enough time to meet the commitment set for the in this authorization. Any changes must be submitted in writing to the WMC Payroll Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_