



**United Way of Comal County
Employee Giving Campaign
For Payroll Deductions**

NAME: _____
Department if Employee ID is unknown: _____

Employee ID: _____

I AUTHORIZE SEMI-MONTHLY PAYROLL DEDUCTION OF:

- \$20.00 per pay period: $\$20.00 \times 24 = \480.00
- \$15.00 per pay period: $\$15.00 \times 24 = \360.00
- \$10.00 per pay period: $\$10.00 \times 24 = \240.00
- \$5.00 per pay period: $\$5.00 \times 24 = \120.00
- \$2.50 per pay period: $\$2.50 \times 24 = \60.00
- Other: \$ _____ x 24 = \$ _____

One-time Cash/Check Donation: \$ _____

Please make check payable to the United Way of Comal County

Optional:

If a specific United Way agency or agencies is designated, please complete the following:

Designation gift to _____ \$ _____

Designation gift to _____ \$ _____

If the agency designation is left blank, the donation will be directed to the General Fund and distributed per the allocations approved by the Board of Directors of United Way of Comal County.

Signature: _____

Date: _____

United Way's mission is to improve the quality of life for people in Comal County by generating resources to meet the needs of the community. When you invest in the community by making a gift through United Way, you can feel good knowing that you are helping to change lives right here in Comal County.