



American Red Cross

Washtenaw County Chapter



Company Name: _____

My Gift Options:

I would like to make my gift via payroll deduction. Please deduct this amount from each paycheck:

\$5 \$10 \$25 Other: \$ _____

My gift payable to the **American Red Cross – Washtenaw County Chapter** is attached.

I would like to make my gift by credit card.

One time Monthly Quarterly
 Visa Master Card Discover American Express

Credit Card # _____ Exp. _____

To maximize my gift I have enclosed a matching gift form from my employer or my spouse’s employer.

My Information:

First Name Last Name Employee ID

Address City State Zip

Phone Number E-Mail Address

Signature Date

NOTE: All gifts are tax-deductible. An acknowledgement will be sent to you at the address above, unless you indicate that you wish to remain anonymous.

- I would like more information on volunteer opportunities or other ways I can support the American Red Cross – Washtenaw County Chapter.
- I wish to be anonymous. Please do not share my information with the American Red Cross – Washtenaw County.

? **Questions?** Email info@PledgeRed.org or call (734) 971 – 5300, or visit online at www.PledgeRed.org