

CONTRIBUTOR
ADDRESS



MY FAIR SHARE

In consideration of community needs for human services and the gifts of others,

Check

Cash

I Pledge\$ _____

Paid Herewith\$ _____

Balance.....\$ _____

PAYROLL DEDUCTION

I hereby authorize my employer to deduct the balance of my pledge as follows:

\$ _____ per pay period or as follows

Signed _____ Date _____

Address _____

Remarks _____

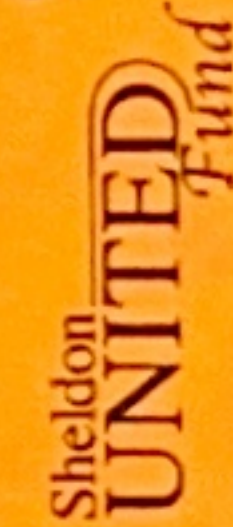
Mail To:

Sheldon United Fund
P.O. Box 41
Sheldon, IA 51201

Or drop off at:

Citizens State Bank, Sheldon
Iowa State Bank, Sheldon
Northwestern Bank, Sheldon
Peoples Bank, Sheldon

Attention: *United Fund*



THANK YOU FOR GIVING TO THE UNITED FUND

Date _____

_____ hereby acknowledges

with thanks the gift of _____

Balance _____

Paid _____

Amount _____

Signed _____

1. Children's World \$ _____
2. Conquering Cancer 4 O'Brien Co. \$ _____
3. Dolly Parton Imagination Library \$ _____
4. Family Crisis Centers \$ _____
5. Foster Grandparent Program \$ _____
6. Girl Scouts \$ _____
7. His Little Ones Preschool \$ _____
8. Love, Inc. \$ _____
9. Lutheran Services in Iowa \$ _____
10. RISE Ministries \$ _____
11. Sheldon DARE Program \$ _____
12. Sheldon East Elementary Excellence For East \$ _____
13. Sheldon Ministerial Association \$ _____
14. Sheldon Prairie Arts Council \$ _____
15. Sheldon Prairie Museum \$ _____
16. Sheldon Recreation Department \$ _____
17. Sheldon Recreational Trails \$ _____
18. Sheldon Sanford Home Health & Hospice \$ _____
19. Sheldon Shop with a Cop \$ _____
20. Summer Lunch Program \$ _____
21. Upper Des Moines Opportunity, Inc. \$ _____
22. Village Northwest - Therapy Equipment \$ _____