

Please print out this page, fill out the necessary information and mail it to:
Shelby County United Fund For You, Inc.
126 North Harrison Street, Shelbyville, IN 46176

Firm, Corporation, or Individual Name: _____

Total Pledge: \$ _____

Amount Paid Now: \$ _____

Balance: \$ _____

Please choose one of the following and return this card to your campaign solicitor or the SCUFFY office:

_____ **Pledge will be paid through quarterly payments to the United Fund office.**
(June, September, December, and March)

_____ **Pledge will be paid as follows:**

_____ **Cash/check to pay pledge in full now.**

Signed: _____

Date: _____

Please print name (and title, if applicable) of individual signing:
