

1.	PLEASE COMPLETE	
□ MR. □ MRS.		
☐ MS. FIRS	ST NAME M.I. LAST NAME	
CALL LIVE		
STREET	l	
CITY	STATE ZIP	
TELEPHONE		
EMPLOYER		_
E-MAIL ADDRE	ss	
2.	PLEASE SELECT HOW YOU WA	NT TO HELP
	UNITED WAY United Way	TOBIN SCHOOL
	☐ COMMUNITY-WIDE CARE	THE TOBIN SCHOOL FUND SUPPORTS PROGRAMS THAT POSITIVELY AFFECT THE LIVES OF TOBIN STUDENTS AND ENHANCE THEIR ABILITY TO SUCCCEED. THESE ACTIVITIES INCLUDE: SUMMER CAMP, FIELD TRIPS AND EXTRA- CURRICULAR ACTIVITIES, PROFESSIONAL DEVELOPMENT FOR TEACHERS, AND THE PURCHASE OF ESSENTIAL MATERIALS SUCH AS EYE GLASSES, WINTER BOOTS, BOOKS AND OTHER SCHOOL SUPPLIES. THE TOBIN SCHOOL FUND ALSO HELPS SUPPORT THE TOBIN-BRIGHAM FAMILY SUPPORT PROGRAM AD THE TOBIN MIDDLE SCHOOL TRANSITION PROJECT.
	PLEASE USE MY DONATION WHERE IT IS MOST NEEDED. I UNDERSTAND THAT VOLUNTEERS, WHO ARE AWARE OF LOCAL NEEDS, DISTRIBUTE GIFT TO HELP PEOPLE MOST IN NEED AND MONITOR NON-PROFIT ORGANIZATIONS TO MAKE SURE MY MONEY IS WELL-SPENT. SPECIFIC CARE	
	AGENCY CODE NUMBER	
3.	PLEASE SELECT PAYROLL DEI	DUCTION(S) OR A DIRECT GIFT(S)
	UNITED WAY	TOBIN SCHOOL
	☐ EASY PAYROLL DEDUCTION	☐ EASY PAYROLL DEDUCTION
	I WANT TO CONTRIBUTE THE FOLLOWING PER PAY PERIOD:	I WANT TO CONTRIBUTE THE FOLLOWING PER PAY PERIOD:
	□ \$50 □ \$25 □ \$10 □ \$5 □ \$2 □ \$1 □ 50¢ □ OTHER:	□ \$50 □ \$25 □ \$10 □ \$5 □ \$2 □ \$1 □ 50¢ □ OTHER:
	MY PAY PERIOD IS: MY TOTAL GIFT IS:	MY PAY PERIOD IS:
	☐ I PLEDGE A ONE-TIME GIFT OF ☐ PERSONAL CHECK	☐ I PLEDGE A ONE-TIME GIFT OF ☐ PERSONAL CHECK
4.	AUTHORIZATION FOR PAYROL	L DEDUCTION(S)
	SIGNATURE	DATE
5.	PLEASE SEND THIS FORM TO:	

United Way/Tobin School Fund, c/o Mail Room, BWH, (75 Francis Street, Boston, MA 02115)