

1. Donor Information

Today's Date ____ / ____ / ____

Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ FAX _____ - _____

I am a Teacher Administrator Staff

Name of School _____ District # _____

School Address _____

City _____ State _____ Zip _____

Check here if you are a **first-time contributor** to United Way. Check here if you have given **25 years or more**.



United Way
of Kankakee County

Education Pledge Form 2008

United Way of Kankakee County

P.O. Box 1286 Kankakee, IL 60901

Phone: 815-932-7476

Fax: 815-932-7506

E-mail: info@MyUnitedWay.org

www.MyUnitedWay.org

		Leadership Level Giving	LeGrand Level Giving
Total Gift	\$250	\$500	\$1000
Pay Period			
Weekly (52)	\$4.81	\$9.62	\$19.23
2 weeks (26)	\$9.62	\$19.24	\$38.47
2x month (24)	\$10.42	\$20.84	\$41.67
1 month (12)	\$20.84	\$41.67	\$83.34

2. Please choose a payment option:

PAYROLL DEDUCTION

I authorize my employer to deduct per paycheck:

\$20 \$15 \$10 \$5 \$3 other \$ _____

I get paid weekly (52 pay periods) every 2 weeks (26 pay periods) twice a month (24 pay periods)

monthly (12 pay periods)

Signature _____ Date ____ / ____ / ____

ONE-TIME GIFT Total amount of gift \$ _____ (Please enclose payment with this form)

AUTOMATIC BANK DRAFT (United Way will contact you to set up according to phone number listed above)

CREDIT CARD Total amount of gift \$ _____ (United Way will contact you according to the number above)

BILL ME (\$10 minimum) Total pledge amount for the year \$ _____

Bill me \$ _____ monthly quarterly one time Begin billing on this date ____ / ____ / ____
(amount)

Thank you!!!