

1. Donor Information



Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_

My employer \_\_\_\_\_

United Way  
of Kankakee County

**INDIVIDUAL**  
Pledge Form 2007-2008

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**

P.O. Box 1286 Kankakee, IL  
60901

Phone: 815-932-7476

Fax: 815-932-7506

E-mail: [info@MyUnitedWay.org](mailto:info@MyUnitedWay.org)

[www.MyUnitedWay.org](http://www.MyUnitedWay.org)

2. Please choose a payment option:

**ONE-TIME GIFT** Total amount of gift \$ \_\_\_\_\_

(Please enclose payment with this form)

**AUTOMATIC BANK DRAFT** Total amount of gift \$ \_\_\_\_\_

(United Way Office will contact you to set up according to phone number listed above)

**CREDIT CARD** Total amount of gift \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Type of card (i.e. Visa): \_\_\_\_\_ Zip code of billing address: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_

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

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

*Thank you!!!*

(Donor designations directed to non-member organizations will incur a 10% fee)