

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™



United Way
of Kankakee County
P.O. Box 1286
Kankakee, IL 60901
Phone 815-932-7476
Fax 815-932-7506
Info@MyUnitedWay.org
www.MyUnitedWay.org

2009-2010 United Way Campaign Employee Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME

 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

 STATE ZIP HOME PHONE DAYTIME PHONE

 EMPLOYER

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS *

- I have been contributing to United Way for _____ years.
 I am a first-time giver to United Way.

PLEASE CHOOSE A PAYMENT OPTION.

PAYROLL DEDUCTION

I authorize my employer to deduct per paycheck:

\$20 \$15 \$10 \$6 \$5 \$3 Other \$

Every: Week (52 pay periods) 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.

Total amount of gift (please enclose a voided check with this form) \$

Monthly Quarterly Other _____

CREDIT CARD.

Total amount of gift \$

Name as it appears on card _____

Type of card (i.e. VISA) _____

Card Number _____

Expiration Date _____ Security Code _____

BILL ME. (\$100 minimum) Total pledge amount for the year \$

Monthly Quarterly One time Begin billing me on this date ____ / ____ / ____

Donor designation directed to non-partner organizations will incur a 10% fee. Please visit www.MyUnitedWay.org for a list of all partner agencies. THANK YOU for your contribution. No goods or services were provided in exchange for this contribution. Please keep a copy of this form and your paycheck stub for your tax records.