

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™



United Way
of Kankakee County
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2009-2010 United Way Campaign Individual Pledge Form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
<input type="text"/>			<input type="text"/>
HOME ADDRESS (For credit card charges, address listed must be your billing address.)			CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	
STATE	ZIP	HOME PHONE	

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.

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.