

# PLEDGE FORM

United Way of Kankakee & Iroquois Counties



Please complete the required information so we may properly record your gift.

(Your privacy is important to us. Your information will not be sold or used in any unauthorized way.)

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|                 |   |       |            |       |   |   |     |
|-----------------|---|-------|------------|-------|---|---|-----|
| NAME            | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. | FIRST | MI         | LAST  |   |   |     |
| HOME ADDRESS    |   |       |            |       | BIRTHDATE (MM/DD/YYYY)  | / | /   |
| CITY            |   |       |            |       | STATE   |   | ZIP |
| PREFERRED PHONE |   |       |            |       | <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK |   |     |
| PERSONAL EMAIL  |   |       | WORK EMAIL |       |   |   |     |
| COMPANY         |   |       |            | TITLE |   |   |     |

YES, I want to receive United Way's e-newsletter featuring inspiring stories about how my investment is building a stronger community.

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## MY PLEDGE TO UNITED WAY

I want to build a stronger community with a donation to the **United Way of Kankakee and Iroquois Counties** in the amount of:

\$30  \$20  \$15  \$10  \$5  \$3  \$2  \$1 Total Pledge \$ \_\_\_\_\_

*Amounts listed above are pledges per pay period.*

### PAYROLL DEDUCTION

Weekly  Bi-Weekly  Monthly

### CHECK

Personal check made payable to **United Way of Kankakee & Iroquois Counties**

### CREDIT/DEBITCARD

Make a secure credit card donation at [myunitedway.org/givenow](https://myunitedway.org/givenow)

## YOUR GIFT CAN MAKE ALL THE DIFFERENCE

**\$5,000** provides a year of after-school programming for a school-age child

**\$1,000** provides legal services for a survivor of domestic violence or elder abuse

**\$500** provides one year of mental health services for one person

**\$250** provides financial literacy coaching for a senior or person living with disability for 6 months

**\$100** provides one month of protein for 16 families

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## PLEASE DIRECT MY GIFT

You may skip this section if you would like United Way to allocate your donation to the most pressing needs on your behalf.

### BY IMPACT PILLAR:

- Area of greatest need
- Education
- Financial Stability
- Health

### BY COUNTY:

- Kankakee County
- Iroquois County
- Both Counties

### BY INITIATIVE:

- Success By 6
- Women United

### TO SPECIFIC AGENCY:

Name of Agency: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Please list my/our name(s) as: *(Examples: Mr. and Mrs. John Doe or John and Jane Doe)*

Please recognize my gift as "Anonymous."

Please combine my gift with my **spouse/partner's gift**.

NAME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_

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SIGNATURE Required

DATE

TRACKING CODE: P F G