

# 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				MOBILE	HOME	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.

2

## 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.*

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**PAYROLL DEDUCTION \***  **CHECK** Personal check made payable to **United Way of Kankakee & Iroquois Counties**

Weekly  Bi-Weekly  Monthly

**CREDIT/DEBITCARD** Make a secure credit card donation at [myunitedway.org/givenow](http://myunitedway.org/givenow)

*\*Giving via payroll deduction means your gift is pre-tax! You will not receive an end-of-year giving receipt if you select this method since it will not contribute to your tax deductions.*

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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 \_\_\_\_\_

6

SIGNATURE Required

DATE

TRACKING CODE: P F G