

PLEDGE FORM



United Way of
Kankakee & Iroquois Counties

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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.)

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 eNewsletter, featuring local updates and 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 ☐ Other _____ MY TOTAL PLEDGE \$ _____

Amounts listed above are pledges per pay period.

☐ PAYROLL DEDUCTION

Giving via payroll deduction is one of

☐ CHECK

Personal checks can be made payable to **United Way of Kankakee & Iroquois Counties**

☐ CREDIT/DEBIT CARD

Make a secure credit card donation at myunitedway.org/givenow



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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 **Optional**

- ☐ Kankakee County
- ☐ Iroquois County
- ☐ Both Counties

BY INITIATIVE

- ☐ Success By 6
- ☐ Women United*

*A gift of \$60 or more designated to Women United qualifies you as a member for one year! Learn more at:

myunitedway.org/women-united

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TO A SPECIFIC AGENCY: Name of Agency: _____ City: _____ State: _____ Zip: _____

- ☐ Recognize my gift as "Anonymous."
- ☐ Combine my gift with my spouse/partner's giving. Please list both names below.

My/our name(s): _____

(Examples: Mr. and Mrs. John Doe or John and Jane Doe)

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SIGNATURE

Required

DATE