

1. All About You

United Way respects your privacy and does not sell, trade or disclose personal information.

Mrs. Ms. Mr. Dr.

First Name: _____ Initial: _____ Last Name: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Birthday (month & day) _____

To receive periodic updates and a newsletter from United Way, please provide your email address.

E-mail address: _____

2. Your Donation Made Easy

Automatic Payroll Deduction **OR** **One-Time Donation** Total \$ _____

\$20 per pay period Check (payable to United Way)
 \$10 per pay period Bill me (circle: one time, monthly, quarterly)
 \$5 per pay period Credit card (Visa, MC or Discover) Expires: __/____
 Other amount per pay period: \$ _____ Card#: _____ - _____ - _____ - _____ Zip code: _____
 One-Time Payroll Deduction: \$ _____

Total: \$ _____

How often do you get paid?

Weekly
 Semi-monthly
 Monthly
 Bi-weekly

United Way Giving Circles

LeGrand Level : \$1,000+ per year

Leadership Level : \$500-\$999 per year

3. Your gift. Your impact. Your community.

Please select where you would like your donation to go:

Kankakee County
 Iroquois County
 Other: _____

Signature: _____ Date: _____

4. How Do You Prefer to Communicate?

Phone Mail
 Email Social Media– Facebook, Twitter
 Other: _____

Want to leave a legacy?

Ask us about planned giving, memorial gifts, or other legacy options.
info@myunitedway.org or 815-932-7476