

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.)

1

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.

2

MY PLEDGE TO UNITED WAY

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

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other \$ _____
Tocqueville Leadership Gifts Society

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

3

PAYROLL DEDUCTION

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

\$ _____ per pay period · _____ pay periods = total gift.

BILL ME

CREDIT/DEBITCARD

Make a secure credit card donation at myunitedway.org/donate or call **815-932-7476**, and submit this form to the appropriate person in your office.

MATCHING GIFT (Note here and contact your company's Human Resources department for necessary documentation.)

4

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:

- Strong Neighborhoods
- Success By 6
- Women United

TO SPECIFIC AGENCY:

Name of Agency: _____ City: _____ State: _____ Zip: _____

5

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