

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.)

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.

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

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

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: _____

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 _____

SIGNATURE Required

DATE

TRACKING CODE: P F G