

# 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	<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.

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## 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

### PAYROLL DEDUCTION

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

### CHECK

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

### BILL ME

### CREDIT/DEBITCARD

Make a secure credit card donation at [myunitedway.org/donate](https://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.)

## 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

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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:

- Women United
- Success By 6
- Strong Neighborhoods Initiative

### 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 \_\_\_\_\_

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SIGNATURE Required

DATE

TRACKING CODE: P F G