

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	☐ MR. ☐ MRS. ☐ MS.	FIRST	MI	LAST			
HOME ADDRESS					BIRTHDATE (MM/DD/YYYY)	/	/
CITY					STATE		ZIP
PREFERRED PHONE					MOBILE	HOME	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 *

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

☐ Weekly ☐ Bi-Weekly ☐ Monthly

☐ CREDIT/DEBITCARD

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

**Giving via payroll deduction means your gift is pre-tax! You will not receive an end-of-year giving receipt if you select this method since it will not contribute to your tax deductions.*

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