EVERYONE CAN MAKE A DIFFERENCE.

GIVE. ADVOCATE. VOLUNTEER.

United Way of Central Illinois 1999 Wabash Avenue, Suite 107 Springfield, IL 62704 217.726.7000 www.uwcil.org



My Information			
MR/MRS/MS/DR FIRST NAME	MI	LAST NAME	DATE OF BIRTH
HOME ADDRESS (For credit card charges, address must be billing address.)		CITY/STATE/ZIP	
HOME PHONE or CELL PHONE WORK PA	HONE		EMPLOYEE ID (if applicable)
PREFERRED EMAIL ADDRESS United Way adheres to a donor privacy policy to keep your personal information confidential. ANTICIPATED DATE OF RETIREMENT			
A PAYROLL DEDUCTION	-OR-	B Non-Payroll Deduction	
1 PLEDGE AMOUNT PER PAY PERIOD		ONE TIME GIVING	
 ○ \$50 ○ \$25 ○ \$10 ○ \$5 ○ Other \$ - OR - increase my current gift by: ○ \$1 ○ \$3 ○ \$5 ○ \$10 		\$ Total Gift OCash (enclosed) OCheck (enclosed) Ocredit Card: Card# Uisa MC Discover	Exp: Mo/ Yr
2 PAY PERIODS		BILL ME	
# pay periods each year. (12, 24, 26, 52, etc.)		One Time - One time annual pledge of \$. O Monthly - Monthly pledge of \$ annual pledge of \$	
3 TOTAL YEARLY PLEDGE		> I want to receive my bill: OImmediately	OJan. 1 OOther
Multiply amount per pay times number of pay periods		SUSTAINED GIVING	
\$x = \$ Per Pay Pay Periods Total Annual Pledge		You can make ongoing monthly gifts auto your bank account or credit card. To sign	
C RECOGNITION OPTIONS	- & -	D SIGNATURE	THANK YOU!
□Combined Giving Recognize my gift with my spouse/partner. List their name below.		X Donor Signature	
 ☐ I wish to remain anonymous.		Date	
Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer documents showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. A copy of United Way of Central Illinois's most recent IRS Form 990 & audited financials are available online at www.uwcil.org.			
Thank you for your investment in your community.			
100% of your investment in United Way supports local services addressing Basic Needs, Education, Financial Stability and Health. A gift to United Way is the most effective way to help your whole community.			
OPTIONAL - IF NO OPTION BELOW IS SELECTED, 100% OF YOUR GIFT WILL BENEFIT YOUR COMMUNITY			
Optional United Way Designations (If less than 100 percent of your total annual pleds amount above is selected, the balance will be invested in United Way programs.) Amount from Total Gift Above	Ui gu pe	ptional Donor-Directed Gifts (any 501(c)3 organization) nited Way processes donor-directed contributions as a servi uarantee how funds will be used or ensure measurable result ercent of your total gift above is selected the balance will be i	s by the recipient agency. If less than 100
O United Way% or \$%	-		Amount from Total Gift Above
O Basic Needs	_		% or \$
O Education	- 0	Organization Name	
O Financial Stability % or \$	$- \mid \overline{c}$	Prganization Name	% or \$
O Health% or \$%	_ Go	overnment Employees: You may designate your gift to one or mo complete list of charities qualified by the Illinois State Comptrol	

A complete list of 501(c)3 organizations is available at www.irs.gov.