

BE A GAME CHANGER IN YOUR COMMUNITY.

GIVE. ADVOCATE. VOLUNTEER.

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



UNITED WAY
Central Illinois

My INFORMATION

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME	DATE OF BIRTH
HOME ADDRESS		CITY/STATE/ZIP		
HOME PHONE or CELL PHONE (Circle One)	WORK PHONE	EMPLOYER	EMPLOYEE ID (if applicable)	
PREFERRED EMAIL ADDRESS	ARE YOU MARRIED? <input type="radio"/> YES or <input checked="" type="radio"/> NO (Check One)		SPOUSE'S NAME (if applicable)	

United Way adheres to a donor privacy policy to keep your personal information confidential.

My GIFT TO THE COMMUNITY

Please begin my payroll deduction on _____
(indicate the pay period start date in which you would like your payroll deduction to begin)

PLEDGE AMOUNT PER PAY PERIOD

☐ \$20 ☐ \$10 ☐ \$5 ☐ \$2 Other \$ _____

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.

SIGNATURE

X

Donor Signature

Date

Thank you for your investment.

For Office Use Only

Payperiods from start of Payroll Deduction through December (12, 24, 26, etc.):

Total Pledge Amount:

#

\$

WHITE - PAYROLL OFFICE YELLOW - UNITED WAY COPY PINK - DONOR

NEW HIRE FORM