

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 PHONE	EMPLOYEE ID (if applicable)	
PREFERRED EMAIL ADDRESS			<input type="checkbox"/> I AM RETIRING IN THE NEAR FUTURE ANTICIPATED DATE OF RETIREMENT	

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

A PAYROLL DEDUCTION

-OR- B NON-PAYROLL DEDUCTION

1 PLEDGE AMOUNT PER PAY PERIOD

☐ \$50 ☐ \$25 ☐ \$10 ☐ \$5 ☐ Other \$ \_\_\_\_\_

- OR -

increase my current gift by:

☐ \$1 ☐ \$3 ☐ \$5 ☐ \$10

2 PAY PERIODS

# \_\_\_\_\_ pay periods each year. (12, 24, 26, 52, etc.)

3 TOTAL YEARLY PLEDGE

Multiply amount per pay times number of pay periods

\$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Per Pay Pay Periods Total Annual Pledge

C RECOGNITION OPTIONS

☐ Combined Giving

Recognize my gift with my spouse/partner. List their name below.

☐ I wish to remain anonymous.

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](http://www.uwcil.org).

**Thank you for your investment in your community.**

**100% of your investment in United Way supports local services addressing Community Resiliency, Youth Opportunity, Financial Security, and Healthy Community. A gift to United Way is the most effective way to help your whole community.**

ONE TIME GIVING

\$ \_\_\_\_\_ Total Gift

☐ Cash (enclosed) ☐ Check (enclosed)

☐ Credit Card: Card# \_\_\_\_\_ Exp: Mo \_\_\_\_ / Yr \_\_\_\_

☐ Visa ☐ MC ☐ Discover CVC 3 digit code \_\_\_\_\_

BILL ME

☐ One Time - One time annual pledge of \$ \_\_\_\_\_ (\$100 minimum)

☐ Monthly - Monthly pledge of \$ \_\_\_\_\_ (\$25 minimum) for a total annual pledge of \$ \_\_\_\_\_

> I want to receive my bill: ☐ Immediately ☐ Jan. 1 ☐ Other \_\_\_\_\_

SUSTAINED GIVING

You can make ongoing monthly gifts automatically and securely from your bank account or credit card. To sign up, please call 217-726-7000.

D SIGNATURE

THANK YOU!

X

Donor Signature

Date

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 pledge amount above is selected, the balance will be invested in United Way programs.)

Amount from Total Gift Above

☐ United Way \_\_\_\_\_ % or \$ \_\_\_\_\_

☐ Community Resiliency \_\_\_\_\_ % or \$ \_\_\_\_\_

☐ Youth Opportunity \_\_\_\_\_ % or \$ \_\_\_\_\_

☐ Financial Security \_\_\_\_\_ % or \$ \_\_\_\_\_

☐ Healthy Community \_\_\_\_\_ % or \$ \_\_\_\_\_

Optional Donor-Directed Gifts (any 501(c)3 organization)

United Way processes donor-directed contributions as a service to our donors. United Way is unable to guarantee how funds will be used or ensure measurable results by the recipient agency. If less than 100 percent of your total gift above is selected the balance will be invested in United Way programs.

Amount from Total Gift Above

Organization Name \_\_\_\_\_ % or \$ \_\_\_\_\_

Organization Name \_\_\_\_\_ % or \$ \_\_\_\_\_

Government Employees: You may designate your gift to one or more qualified 501(c)3 organizations. A complete list of charities qualified by the Illinois State Comptroller is available at [www.secaillinois.org](http://www.secaillinois.org). A complete list of 501(c)3 organizations is available at [www.irs.gov](http://www.irs.gov).