

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.springfieldunitedway.org



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? YES or NO (Circle 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 \$ _____

X _____
 Donor Signature

 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' most recent IRS Form 990 & audited financials are available online at www.springfieldunitedway.org.

Thank you for your investment.

For Office Use Only

Payperiods from start of Payroll Deduction through December (12, 24, 26, etc.): # _____	Total Pledge Amount: \$ _____
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