UNITED WAY OF CHAMPAIGN COUNTY PLEDGE FORM

1. I choose to LIVE UNITED by donating to United Way.

COMMUNITY IMPACT FUND: Join the fight to improve the health, education, and financial stability of every person in Champaign County.

OPTIONAL: Focus my Community Impact Fund gift.

Health
Promoting healthy living with a focus on access to healthcare, independent living, healthy food and safety.

Education
Improving academic achievement with a focus on childhood success, grade level success and high school graduation.

Financial Stability
Increasing economic mobility with a focus on financial literacy, workforce development and stable housing.

2. MY UNITED WAY PLEDGE - PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

EASY PAYROLL DEDUCTION
My gift per pay period:

- $15
- $10
- $5
- $1
- $_____

My pay period:

- Weekly (52)
- Every 2 weeks (26)
- Twice a month (24)
- Monthly (12)

Total Payroll Gift = $ __________

DIRECT GIFT

- Cash or Check Enclosed: $ __________ Check # __________
- Bill me at address below ($25 minimum) $ __________ One time
- Monthly Quarterly

Billing will begin in January unless you specify __________________________

- Credit Card: Please visit www.uwayhelps.org/GIVE or call 217-352-5151 to make a secure credit card pledge.

For stock, bank transfer and recurring credit card gift options, please call 217-352-5151.

Total Direct Gift = $ __________

3. MY PERSONAL INFORMATION

Please print clearly and firmly. We will never release or sell donor information.

NAME __________________________

HOME ADDRESS __________________________

CITY __________________________ STATE ______ ZIP ______ PHONE __________________________

HOME: ○ WORK: __________________________

WORKPLACE/RETIREE __________________________

BIRTHDAY (MM/DD) __________________________

PERSONAL EMAIL FOR NEWSLETTERS __________________________

SIGNATURE REQUIRED FOR PAYROLL DEDUCTION X __________________________ DATE __________________________

YES, I am a Pillar! (Gift of $500 or more)

Name of Spouse/Significant Other __________________________ Employer __________________________

Yes, please list my/our name in the Annual Report as follows: __________________________________________________________________________

○ Do not publish my/our name in the Annual Report.

Specific Charitable Organization (please see Designation Guidelines at uwayhelps.org).

Please direct a portion of my gift $__________ ($100 minimum per organization) to __________________________________________________________________________

○ Do not release my name to this organization in connection with this gift.

Thank you!

5 Dunlap Court • Savoy, IL 61874 • Ph (217) 352-5151 • www.uwayhelps.org

White: Employer or payroll office Yellow: United Way Pink: Donor

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