

# PLEDGE FORM



United Way of Kankakee & Iroquois Counties



Please complete the required information so we may properly record your gift.  
(Your privacy is important to us. Your information will not be sold or used in any unauthorized way.)

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NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST	MI	LAST
HOME ADDRESS	BIRTHDATE (MM/DD)			/
CITY	STATE		ZIP	
PREFERRED PHONE	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
PERSONAL EMAIL	WORK EMAIL			
COMPANY	Kankakee Community College			

YES, I want to receive United Way's e-newsletter featuring inspiring stories about how my investment is building a stronger community.

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## MY PLEDGE TO UNITED WAY

**Automatic Payroll Deduction** OR **One-Time Donation** Total \$ \_\_\_\_\_

\$20 per pay period X 26 = \$520

\$12 per pay period X 26 = \$312

\$10 per pay period X 26 = \$260

\$6 per pay period X 26 = \$156

\$4 per pay period X 26 = \$104

\$2 per pay period X 26 = \$52

Other amount per pay period X 26 = \$

**CHECK** Personal check made payable to  
United Way of Kankakee & Iroquois Counties

**BILL ME** ( one time monthly quarterly)

**CREDIT/DEBITCARD**

Make a secure credit card donation at [myunitedway.org/donate](http://myunitedway.org/donate) or call **815-932-7476**, and submit this form to the appropriate person in your office.

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## YOUR GIFT CAN MAKE ALL THE DIFFERENCE

**\$500** provides one year of mental health services for one person

**\$250** provides financial literacy coaching for a senior or person living with disability for 6 months

**\$100** provides one month of protein for 16 families

**PLEASE DIRECT MY GIFT** You may skip this section if you would like United Way to allocate your donation to the most pressing needs on your behalf.

**BY IMPACT PILLAR:**

Area of greatest need  
Education  
Financial Stability  
Health

**BY COUNTY:**

Kankakee County  
Iroquois County  
Both Counties

**BY INITIATIVE:**

Women United  
Success By 6  
Strong Neighborhoods Initiative

**TO SPECIFIC AGENCY:**

Name of Agency:

City:

State:

Zip:

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SIGNATURE Required

DATE

TRACKING CODE: P F G