

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.)

1

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.

2

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 or call **815-932-7476**, and submit this form to the appropriate person in your office.

3

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:

4

SIGNATURE <small>Required</small>

DATE

TRACKING CODE: P F G