

PLEDGE FORM

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

GIVE. ADVOCATE. VOLUNTEER.



1

YOUR INFORMATION

NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST	MI	LAST
HOME ADDRESS				DATE OF BIRTH (MM/DD/YYYY):
CITY	STATE	ZIP	/ /	
PREFERRED PHONE	-	-	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK	Year of my first United Way donation _____
PERSONAL EMAIL	WORK EMAIL			
COMPANY	TITLE			

Yes, I want to receive United Way's e-newsletter featuring inspiring stories about how your investment is making Chicago a better place to live.

2

YOUR CONTRIBUTION

MY PLEDGE TO UNITED WAY:

My direct donation to United Way of Metro Chicago's Community Fund to improve individual lives and entire communities:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other \$ _____
Tocqueville Leadership Gifts* Society

YOUR GIFT CAN MAKE ALL THE DIFFERENCE

- \$5,000** helps fund school parent mentors and community health educators for a year
- \$2,500** helps fund afterschool curriculum materials and sports equipment
- \$1,000** funds counseling and job readiness coaching for a week
- \$500** covers doctor visits for 5 people
- \$100** pays for nutritious food from a pantry for a week

3

PAYMENT OPTIONS

PAYROLL DEDUCTION

\$ _____ per pay period x _____ pay periods = total gift.

CREDIT/DEBIT CARD

Make a secure credit card donation at donate.uw-mc.org or call 312.906.2204, and turn in this form to the appropriate person at your office.

MATCHING GIFT Note here and contact your company Human Resources department for necessary documentation.

CHECK

Personal check made payable to **United Way of Metro Chicago** (remmit to address below).

SECURITIES/STOCK

Call United Way of Metro Chicago Major Gifts department at 312.906.2343 for details on how to transfer.

4

SIGN & DATE

Gift Acknowledgment:

Please list me/us as: (Examples: Mr. and Mrs. John Doe or John and Jane Doe)

Please recognize my gift as "Anonymous."

My gift is In Honor of: In Memory of:

Please combine my gift with my spouse/partner's gift.
SPOUSE/PARTNER'S NAME AND EMPLOYER:

SPOUSE/PARTNER'S GIFT AMOUNT:

\$ _____

SIGNATURE *Required*

DATE



* **CHICAGO** MAGAZINE

With your direct gift to United Way of \$1,000 or more, enjoy an annual subscription to Chicago Magazine at no cost.

Subscription starts 4-6 weeks after close of workplace campaign

THANK YOU!

TRACKING CODE: P F G TOP: UNITED WAY MIDDLE: COMPANY BOTTOM: DONOR