EVERYONE CAN MAKE A DIFFERENCE.

GIVE. ADVOCATE. VOLUNTEER.

United Way of Central Illinois 1999 Wabash Avenue, Suite 107 Springfield, IL 62704 217.726.7000 www.uwcil.org



My Information			
MR/MRS/MS/DR FIRST NAME	MI	LAST NAME	DATE OF BIRTH
HOME ADDRESS (For credit card charges, address must be billing address.)		CITY/STATE/ZIP	
HOME PHONE or CELL PHONE WORK PHONE EMPLOYEE ID (if applicab			EMPLOYEE ID (if applicable)
PREFERRED EMAIL ADDRESS I AM RETIRING IN THE NEAR FUTURE ANTICIPATED DATE OF RETIREMENT			
United Way adheres to a donor privacy policy to keep your personal information confidential.			
	OR-	B Non-Payroll Deduction	JN
1 PLEDGE AMOUNT PER PAY PERIOD		ONE TIME GIVING	
○ \$50 ○ \$25 ○ \$10 ○ \$5 ○ Other \$	i	\$ Total Gift OCash (enclosed) OCheck (e	nclosed)
increase my current gift by:	ì	OCredit Card: Card#	Exp: Mo/ Yr
O \$1 O \$3 O \$5 O \$10	I	□Visa □MC □Di	scover CVC 3 digit code
2 PAY PERIODS	i	BILL ME	
		O One Time - One time annual pled	ge of \$ (\$100 minimum)
# pay periods each year. (12, 24, 26, 52, etc.)	i	O Monthly - Monthly pledge of \$ annual pledge of \$	· · · · · · · · · · · · · · · · · · ·
3 TOTAL YEARLY PLEDGE	I	> I want to receive my bill: OImme	ediately OJan. 1 OOther
Multiply amount per pay times number of pay periods			
\$x = \$ Per Pay Pay Periods Total Annual Pledge		You can make ongoing monthly gif	ts automatically and securely from
Per Pay Pay Periods Total Annual Pledge	į	your bank account or credit card.	To sign up, please call 217-726-7000 .
© RECOGNITION OPTIONS	- & -	D SIGNATURE	THANK YOU!
Combined Giving)	(
Recognize my gift with my spouse/partner. List their name below. Donor Signature			
	Ī	Date Control of the C	
I wish to remain anonymous. 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's most recent IRS Form 990 & audited financials are available online at www.uwcil.org.			
Thank you for your investment in your community.			
100% of your investment in United Way supports local services addressing Basic Needs, Education, Financial Stability and Health. A			
gift to United Way is the most effective way to help your whole community.			
OPTIONAL - IF NO OPTION BELOW IS SELECTED, 100% OF YOUR GIFT WILL BENEFIT YOUR COMMUNITY			
Optional United Way Designations (If less than 100 percent of your total annual pledge amount above is selected, the balance will be invested in United Way programs.)		tional Donor-Directed Gifts (any 501(c)3 organited Way processes donor-directed contributions	ization) as a service to our donors. United Way is unable to
Amount from Total Gift Above	gu		ble results by the recipient agency. If less than 100
O United Way% or \$%			Amount from Total Gift Above
O Basic Needs% or \$			% or \$
O Education% or \$%	Or	ganization Name	
O Financial Stability% or \$	Or	ganization Name	% or \$
O Health% or \$%	Go	J vernment Employees: You may designate your gift to omplete list of charities qualified by the Illinois State	one or more qualified 501(c)3 organizations. Comptroller is available at www.secaillinois.org.

A complete list of 501(c)3 organizations is available at www.irs.gov.