



United Way of Northwest Illinois, Inc.
Serving Jo Daviess, Stephenson, & Carroll Counties

YES, I will invest in United Way

1. MY INFORMATION (PLEASE PRINT)

Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ keep me updated & show me how my contribution is helping our community

I am a **NEW** Contributor!

I am a **Loyal Contributor!** I have given to United Way for: 5+ yrs 10+ yrs 20+ yrs

I've included United Way of Northwest Illinois in my will or estate plan.

I would like to be contacted about making a planned gift.

Signature _____ Date _____

(my signature authorizes my pledge)

2. MY IMPACT: I WOULD LIKE TO DESIGNATE MY DONATION TO

Community Impact Fund: *optional to choose a focus area*

I want my gift to have the biggest impact by helping to support our community agencies & programs that help to ensure that people learn more, earn more, and lead safer and healthier lives.



Education



Health



Financial Stability



Basic Needs

United Way of Northwest Illinois General Fund

United Way of Northwest Illinois Affinity Group: _____

Donor Designated 501(c)3 organization: _____

Must be located in Stephenson, Jo Daviess, or Carroll Counties & be a partner organization

Other United Way: _____

3. MY UNITED WAY PLEDGE

I'M GIVING AT A LEADERSHIP LEVEL:

Pillar Recognition Young Leaders Society
 ___\$1,000 Silver ___\$500 (for donors under 40 only)

___\$2,500 Gold

___\$5,000 Platinum

___\$10,000 Alexis de Tocqueville Society

Pillar Plus - Increase of annual pillar gift of 10% or greater

Please list me (us) in the Leadership Directory as:

Name _____

I prefer that my gift remain anonymous or in memory of:

In Memory of _____

MY TOTAL ANNUAL GIFT \$ _____

MY CONTRIBUTION WILL BE PAID AS FOLLOWS:

Payroll Deduction

\$ _____ x _____ = \$ _____
AMOUNT PER PAY PERIOD NUMBER OF PAY PERIODS IN YEAR Total payroll deduction

Direct Gift

Credit Card \$ _____
Total Credit Card

Card # _____

Exp _____ CVV _____

Cash/Check payable to United Way \$ _____
Total Cash/Check

Check # _____

Bill Me \$ _____
Total Bill Me

please invoice me starting in _____

___ Annually ___ Quarterly

___ Semi-Annually ___ Monthly

EFT (Electronic Funds Transfer) \$ _____
Total EFT

Send me a EFT Form through ___ mail or ___ email

Stocks/Securities please call (815) 232-5184 \$ _____
Total Stocks/Securities