



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

Dolly Parton Imagination Library: General Stephenson Jo Daviess Carroll

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
 - ___ \$1,000 Silver
 - ___ \$2,500 Gold
 - ___ \$5,000 Platinum
 - ___ \$10,000 Alexis de Tocqueville Society
 - Pillar Plus - Increase of annual pillar gift of 10% or greater*
- Young Leaders Society
 ___ \$500 (for donors under 40 only)
- 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