

PLEDGE FORM

United Way of Metropolitan Chicago
75 Remittance Drive, Suite 5828
Chicago, IL 60675-5828



1. MY INFORMATION

NAME	FIRST	MI	LAST
HOME ADDRESS			
CITY			STATE ZIP
PREFERRED PHONE		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	
PREFERRED EMAIL			<input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK
COMPANY			
TITLE			
SPOUSE/PARTNER NAME			

2. MY GIFT

I pledge the amount of:

- \$10,000 \$5,000 \$2,500 \$1,000 \$500
- \$250 \$100 \$50 Other \$ _____.

3. MY PAYMENT

A Payroll Deduction

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

B Check

A check is enclosed (Make check payable to **United Way**)

C Please charge my Credit/Debit Card:

Visa MasterCard Discover AmEx Diners

Card # _____

Exp. ____ / ____

Bill me: One-time Monthly (12 equal pymts.) Quarterly (4 equal pymts.)

Bill my card after: ____ / ____ / ____

D To make a gift of stock, please call 312.906.2343.

E Check to see if your company has a matching gift form.

OPTIONAL—

F *Please direct my gift: (UWMC) United Way of Metropolitan Chicago

- _____ % to UWMC community initiatives around **Income**
- _____ % to UWMC community initiatives around **Education****
- _____ % to UWMC community initiatives around **Health**
- _____ % To the local United Way serving zip code _____
- _____ % To the following health and human service organization:

City _____ State _____ Zip _____

Please do not release my name to designated organization

4. MY AUTHORIZATION

SIGNATURE <i>Required</i>	DATE
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YES, I wish to be added to United Way of Metropolitan Chicago's email list to learn more about ways I can engage with United Way.

Please check ALL that apply or are of interest to you:

- Women's Leadership Council** — A nationwide movement of key business and community leaders empowering women to bring about meaningful change in Chicagoland.
- Young Leaders Society** — Networking, volunteer and philanthropic opportunities for young professionals.
- Volunteer Opportunities** — Get engaged in our community by lending your time and talent.
- Legacy Giving** — Impact lives in our region for generations to come and create a lasting, personal legacy with a planned gift to United Way.
- Income** **Education** **Health**

Gift Acknowledgment:

- My gift is *In Honor of* or *In Memory of* (circle one):

- Combine my gift with my spouse/partner's gift. SPOUSE/PARTNER'S EMPLOYER:

- SPOUSE/PARTNER'S GIFT AMOUNT: \$ _____
- My/our preferred recognition name is (for gifts of \$1,000 and above):

- I would like my gift to remain anonymous.
Please do not publish my name in United Way recognition materials.

Please tell us more about yourself so we can better understand our community:

Year of Birth _____

Race/Ethnicity: African-American Asian/Pacific Islander
 Caucasian Hispanic/Latino
 Native American Other Race-Ethnicity

The year of my first United Way donation was: _____

- I am retired
- Female Male

THANK YOU!

TRACKING CODE: P F D 11

TOP: UNITED WAY MIDDLE: COMPANY BOTTOM: DONOR

11-89

Your privacy is important to us. Your information will not be shared or sold.

* Designations to any agency, or to any United Way outside of the greater Metropolitan Chicago area, incur an 8% fee (max.\$250). If you direct your gift to an agency that is not a nonprofit 501(c)(3) health and human services organization, your gift will go to United Way of Metropolitan Chicago. Distributions to agencies occur quarterly based upon receipt of your payment.

** The African American Initiative and the Latino Initiative are being supported through United Way's work in Education.