PLEDGE FORM 1. MY INFORMATION NAME □MR. □MRS. □MS. FIRST LAST HOME ADDRESS ZIP STATE CITY PREFERRED PHONE ☐ HOME ☐ WORK ☐ MOBILE PERSONAL WORK PREFERRED EMAIL COMPANY/TITLE 2. MY GIFT YES, keep me informed of how my gift is impacting the community and I am changing the odds with United Way. My gift to the LIVE UNITED how I can stay engaged with United Way. 2020 community-impact plan is channeling education, income and Please check ALL that apply or are of interest to you: health resources into more than 40 communities of greatest need across Chicagoland. ☐ **Women's Leadership Council** — A nationwide movement of key business I pledge the amount of: and community leaders empowering women to bring about meaningful \$5,000 **\$2,500 \$1,000 \$500** \$250 \$100 **\$50** Other \$ ________ ☐ **Young Leaders Society** — Networking, volunteer and philanthropic opportunities for young professionals. 3. MY PAYMENT ☐ **Volunteer Opportunities** — Get engaged in our community by lending **A Payroll Deduction** your time and talent. s _____ per pay period x _____ pay periods = total gift. Legacy Giving — Impact lives in our region for generations to come and create a lasting, personal legacy with a planned gift to United Way. A check is enclosed (Make check payable to **United Way**). C Please charge my Credit/Debit Card: ☐ **Education** — Learn how United Way is helping 50,000 underperforming ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx middle school kids enter high school ready to succeed by 2020. Card # ☐ **Income** — Learn how United Way is advancing economic stability for 100,000 households by 2020. Exp. _____/ _____ Charge me: One-time Monthly (12 equal pymts.) Quarterly (4 equal pymts.) ☐ **Health** — Learn how United Way is connecting over 200,000 people with available, preventative health services by 2020 and helping more than Charge my card after: _____/___/____/ 1 million people in crisis each year. To make a gift of stock, please call 312.906.2343. Check to see if your company will match this gift. **Gift Acknowledgment:** *Please direct my gift: (UWMC) United Way of Metropolitan Chicago My gift is *In Honor of* or *In Memory of* (circle one): _\$ to UWMC community initiatives around education _\$ to UWMC community initiatives around income \$ to UWMC community initiatives around health Combine my gift with my spouse/partner's gift. _\$ to the local United Way serving zip code ______ SPOUSE/PARTNER'S NAME/EMPLOYER: Donors have the option to give to a 501(c)3 charity organization of their choice. However, an unrestricted gift (above) is the best way to create community impact. SPOUSE/PARTNER'S GIFT AMOUNT: \$ _\$ to the following health and human service organization: My/our preferred recognition name is (for gifts \$1,000 and above): Chicago Area Council, Boy Scouts 1218 W. Adams St. _____ State <u>IL</u> Zip <u>60607</u> I would like my gift to remain anonymous. Please do not publish my name in United Way recognition materials. Please do not release my name to designated organization. Please tell us more about yourself so we can better understand our donors: 4. MY AUTHORIZATION Year of Birth: SIGNATURE Required DATE Race/Ethnicity: African-American ☐ Asian/Pacific Islander ☐ Hispanic/Latino Caucasian Your privacy is important to us. Your ■ Native American Other Race/Ethnicity information will not be shared or sold. The year of my first United Way donation was: * 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 non-profit 501(c)(3) health and human services organization, your gift will go to I am retired United Way of Metropolitan Chicago. Distributions to agencies occur monthly based upon receipt of your payment. TRACKING CODE: P F D TOP: UNITED WAY MIDDLE: COMPANY BOTTOM: DONOR

FOLLOW YOUR INVESTMENT.





