



REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

MY INFORMATION For credit card charges, address listed must be your billing address.

MR/MRS/MS/DR _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ HOME PHONE _____ DAYTIME PHONE _____

COMPANY NAME _____

EMPLOYEE ID _____

HOME EMAIL ADDRESS _____

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

MY GIFT TO MY COMMUNITY Please choose one of the following ways to give.

A **EASY PAYROLL DEDUCTION**

A total annual gift of \$ _____

OPTION 1 I want to contribute the following amount each pay period:
 \$50 \$25 \$10 \$5
 Other \$ _____

OPTION 2 I pledge _____ % of my salary.

B **DIRECT GIFT**

A direct gift of \$ _____

Direct gift to be paid by:
 Cash (enclosed)
 Personal check (enclosed)
 Credit Card
 Visa Discover MasterCard

Number _____
 Exp. Date _____

C **BILL ME**

Please bill me for a pledge of \$ _____

▶ **\$50 minimum donation for billing**

Monthly
 Quarterly
 Once on _____

IMAGINATION LIBRARY Give the gift of reading.

In addition to my annual contribution, I would like to provide a child with one book a month for a year at the cost of \$30/yr.

Number of children you wish to sponsor _____ x \$30 = \$ _____ *

*Please add this amount to my:
 Payroll Deduction total Direct Gift total Bill Me total

Imagination Library contribution.....\$ _____

Annual contribution (from A, B or C) + \$ _____

Total Pledge = \$ _____

LEADERSHIP GIVING Please let us know if you qualify as a leadership giver.

My gift of \$1,000 or more qualifies me for membership in the Pillars Club.

Please list my/our name(s) as follows:

I prefer that my gift remain anonymous.

Please register me for the United Way *Loyal Contributors Program*

I have been contributing to United Way for _____ years.

MY INVESTMENT DESIGNATION Please select how you would like your gift used in your community.

OPTION 1 **INFLUENCE THE CONDITION OF ALL. United Way Community Fund.**
 The most powerful way to invest your contribution.

OPTION 2 <input type="checkbox"/> EDUCATION Helping children and youth achieve their potential. \$ _____	INCOME Promoting financial stability and independence. \$ _____	HEALTH Improving people's health. \$ _____
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OPTION 3 **DESIGNATED CONTRIBUTION ▶ \$50 minimum donation for designation**

UNITED WAY NAME _____
 \$ _____

Designated gifts below the established minimum will revert to the Community Fund. United Way of Elgin does not charge to process a designated gift.

Please check the accuracy of all your entries. Thank you for LIVING UNITED.

SIGNATURE

DATE

Thank you for your contribution through the United Way campaign. No goods or services were provided to you by the United Way of Elgin 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 document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

White Copy: United Way Yellow Copy: Employer Pink Copy: Donor