

# UNITED WE FIGHT, UNITED WE WIN

1750 Grandstand Place, #5  
Elgin, Illinois 60123  
847-741-2259  
www.uwelgin.org



## 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

**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.

HOME EMAIL ADDRESS

## 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  Amex

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 \$1,250 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**  **EDUCATION**  
Success by Six/Early Learning, 3rd Grade Reading Success, College and Career Readiness.

\$ \_\_\_\_\_

**STRONG AND SECURE FAMILIES**  
Empowering families to achieve self-sufficiency.

\$ \_\_\_\_\_

**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