

PLEDGE FORM

Please complete the required information so we may properly record your gift.

(Your privacy is important to us. Your information will not be sold or used in any unauthorized way.)

United Way of Metro Chicago



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YOUR INFORMATION

NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	FIRST	MI	LAST
HOME ADDRESS	BIRTHDATE (MM/DD/YYYY)			/ /
CITY	STATE		ZIP	
PREFERRED PHONE	<input type="checkbox"/> MOBILE <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
PERSONAL EMAIL	WORK EMAIL			
COMPANY	TITLE			

YES, I want to receive United Way's e-newsletter featuring inspiring stories about how my investment is building a stronger Chicago region.

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YOUR CONTRIBUTION

MY PLEDGE TO UNITED WAY

Choose 1 of the 2 options below.

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other \$ _____
 Tocqueville Society Leadership Gifts

YES, I want to build stronger neighborhoods for a stronger Chicago region. I choose to give 100% of my gift to the United Way of Metro Chicago.

OR

YES, I want to participate in the United Way of Metro Chicago campaign for a stronger Chicago region and I choose to direct my gift to a United Way challenge grant:

_____% **EXELON EDUCATION CHALLENGE GRANT**
Helping students prepare to graduate from high school and continue their educations.

Exelon
A direct donation to our work will be matched \$1 for \$1 up to \$150,000.

_____% **NICOR STRONGER NEIGHBORHOODS FOR A STRONGER CHICAGO CHALLENGE GRANT**
Brings together the resources that support neighborhood leaders, residents and organizations to create thriving communities.

Nicor Gas
A direct donation to our work will be matched \$1 for \$1 up to \$65,000.

_____% Please direct my gift to another 501(c)(3) (Please note that a processing fee will be applied against your gift.)

AGENCY NAME _____ PHONE NUMBER _____ EIN# _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR GIFT CAN MAKE ALL THE DIFFERENCE

\$5,000 provides a year of after-school programming for a middle school student

\$1,000 provides legal services for a survivor of domestic violence or elder abuse

\$500 provides a month of home visiting services for a child under the age of 3

\$250 provides an individual with financial literacy coaching and the ability to open a savings account

\$100 provides a mental health visit at a Federally Qualified Health Clinic

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PAYMENT OPTIONS

PAYROLL DEDUCTION

\$ [] [] [] per pay period x [] [] [] pay periods = total gift.

CREDIT/DEBIT CARD

Make a secure credit card donation at LIVEUNITEDchicago.org/donate or call 312.906.2204, and submit this form to the appropriate person in your office.

MATCHING GIFT (Note here and contact your company's Human Resources department for necessary documentation.)

CHECK

Personal check made payable to **United Way of Metro Chicago** (remit to address below).

SECURITIES/STOCK

Call the United Way of Metro Chicago's Major Gifts department at 312.906.2343 for details on how to transfer.

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ACKNOWLEDGMENT

Please list my/our name(s) as: (Examples: Mr. and Mrs. John Doe or John and Jane Doe)

Please recognize my gift as "Anonymous."

Please combine my gift with my spouse/partner's gift.

NAME _____ AMOUNT \$ _____

EMPLOYER _____

5

SIGNATURE

SIGNATURE Required

DATE

TRACKING CODE: P F D

THANK YOU!

GIVE. ADVOCATE. VOLUNTEER.
LIVEUNITEDchicago.org

United Way of Metro Chicago
231196 Momentum Place, Chicago, IL 60689-5311
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