

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



1

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.

2

YOUR CONTRIBUTION

MY PLEDGE TO UNITED WAY

I want to build stronger neighborhoods for a stronger Chicago region with a direct donation to the **United Way of Metro Chicago** in the amount of:

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

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

3

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.

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.

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

4

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

THANK YOU!

TRACKING CODE: P F G