

# 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				

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YOUR CONTRIBUTION

**YES**, I want to receive United Way's e-newsletter featuring inspiring stories and ways to get involved in building a stronger, more equitable Chicago region.

## My Pledge to United Way Please indicate how you would like to designate your gift below.

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

### United Way of Metro Chicago Basic Needs Support

\_\_\_\_ % **YES**, I want to support our neighbors with food assistance, healthcare, housing support in the form of rental, mortgage, and utility assistance, and ensuring safety from abuse.

### United Way Neighborhood Network Initiative

\_\_\_\_ % **YES**, I want to help reverse decades of disinvestment in Black and brown communities and ensure that a zip code doesn't determine health, economic, and education outcomes.

\_\_\_\_ % Please send my donation to the 501(c)(3) nonprofit agency below. (An 8% fee applies to cover processing and distribution costs)

AGENCY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ EIN # \_\_\_\_\_ (required)  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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PAYMENT OPTIONS

### Payroll Deduction

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

### Credit/Debit Card

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

### Matching Gift

Contact your company's Human Resources department or visit [LIVEUNITEDchicago.org/employee-matching-gifts](https://LIVEUNITEDchicago.org/employee-matching-gifts) to learn more.

Company Name \_\_\_\_\_

### Check

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

### Securities/Stock

Contact Mary Pat Rooney at [marypat.rooney@LIVEUNITEDchicago.org](mailto:marypat.rooney@LIVEUNITEDchicago.org) or 312.906.2238 with questions

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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 \_\_\_\_\_

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SIGNATURE

SIGNATURE Required

DATE

TRACKING CODE: P F D

**Thank You!** GIVE. ADVOCATE. VOLUNTEER.  
[LIVEUNITEDchicago.org](https://LIVEUNITEDchicago.org)

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

2020/2021

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