



United Way of Champaign County

1. I choose to LIVE UNITED by donating to United Way.

COMMUNITY IMPACT FUND: Join the fight to improve the health, education and financial stability of every person in Champaign County.

OPTIONAL: Focus my Community Impact Fund gift.

Early Grade Level Success

Collaboration to build kindergarten readiness and improve third grade reading and math skills.

Help us build a strong educational foundation for all children in Champaign County.

Community Essentials

Food. Water. Housing. Healthcare. Clothing. Identification. Access to technology.

Help us provide the critical things people need in our world today. Together we can prevent crisis, build stability, and share hope.

2. MY UNITED WAY PLEDGE - PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT

EASY PAYROLL DEDUCTION

My gift per pay period:

\$50 \$30 \$15 \$10 \$_____

My pay period:

Weekly (52) Every 2 weeks (26)
 Twice a month (24) Monthly (12)

DIRECT GIFT

Cash or Check Enclosed: \$ _____ Check # _____

Bill me at address below (\$25 minimum) \$ _____ One time Monthly Quarterly
Billing will begin in January unless you specify _____

Credit Card: Please visit www.UnitedWayChampaign.org/Give or call 217-352-5151 to make a secure credit card pledge.

For stock, bank transfer and recurring credit card gift options, please call 217-352-5151.

Total Payroll Gift = \$ _____

Total Direct Gift = \$ _____

3. MY PERSONAL INFORMATION

Please print clearly and firmly. We will never release or sell donor information.

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ HOME WORK

WORKPLACE/RETIREE _____

PERSONAL EMAIL ADDRESS _____

SIGNATURE REQUIRED FOR PAYROLL DEDUCTION _____ DATE _____

NAME OF SPOUSE/SIGNIFICANT OTHER _____ EMAIL _____

YES, PLEASE LIST MY/OUR NAME IN THE ANNUAL REPORT AS FOLLOWS: _____

Do not publish my/our name in the Annual Report.

Specific Charitable Organization (please see Designation Guidelines at UnitedWayChampaign.org).

Please direct a portion of my gift \$ _____ (\$100 minimum per organization) to _____

Do not release my name to this organization in connection with this gift.

CAMPAIGN INVESTMENT

\$ _____
TOTAL PLEDGE

\$ _____
PAID NOW

\$ _____
BALANCE DUE

LEAVE A LEGACY

I/we would like information about planned giving opportunities.

I/we have included United Way in our estate planning.

WOMEN UNITED

Yes, I/we would like information about Women United.

Thank you!

