



YES! I CHOOSE TO SUPPORT MY COMMUNITY AS A UNITED WAY PILLAR.

First Name _____ Last Name _____
Personal Email Address _____
Home Address _____
City _____ State _____ Zip _____ Phone _____ Home Work
Workplace/Retiree _____

PILLAR RECOGNITION

Spouse/Significant Other's Name _____ Email _____
Yes, please list my/our name in the 2023 Annual Report as follows: _____
 Do not publish my/our name in the Annual Report.

LEAVE A LEGACY

I/we would like information about planned giving opportunities I/we have included United Way in our estate planning

MY IMPACT

HOW WOULD YOU LIKE YOUR GIFT TO MAKE A DIFFERENCE?

- Community Impact Fund: Support United Way's comprehensive strategy to build a stronger Champaign County.**
- 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.
 - Child Well-Being**
Preventing child maltreatment and building healthier families through mental health and trauma-responsive services. Help us strengthen our local network of care.
 - Community Essentials**
Food. Water. Housing. Healthcare. Clothing. Identification. Access to technology. Help us provide the critical things people need in our world today.

MY GIFT

<input type="checkbox"/> PAYROLL DEDUCTION	Please deduct \$ <input type="text" value="per pay"/> x # <input type="text" value=""/> pay periods = \$ <input type="text" value="Total Gift"/> Signature required for payroll deduction _____ Date _____
<input type="checkbox"/> ONE-TIME GIFT	<input type="radio"/> Cash or check enclosed \$ _____ Check # _____ <input type="radio"/> Credit Card: Please visit www.UnitedWayChampaign.org/Give or call 217-352-5151 to make a secure credit card donation. <small>Stock, bank transfer, and recurring credit card gift options available. Please call for information.</small>
<input type="checkbox"/> BILL ME	(\$25 minimum) \$ _____ <input type="radio"/> One time <input type="radio"/> Monthly <input type="radio"/> Quarterly Billing will begin in January 2023 unless you specify _____

MY TOTAL GIFT
\$ _____ Pledge
\$ _____ Paid Now
\$ _____ Balance Due

Specific charitable organization (please see Designation Policy at UnitedWayChampaign.org)
Please direct a portion of my gift \$ _____ to _____ (\$100 minimum per organization)
 Do not release my name to this organization in connection with this gift.

THANK YOU!

United Way of Champaign County 5 Dunlap Court, Savoy, IL 61874 217-352-5151 www.UnitedWayChampaign.org
Payroll office – please make a copy and return original to United Way of Champaign County

CHANGE STARTS HERE.

How your gift makes an impact!

<p>\$500 DONATION</p>	<p>Supports low-cost primary health care services, helping more people access the care they need to stay healthy.</p>		<p>Provides free legal help to low-income people at risk of losing their homes, helping prevent homelessness.</p>	<p>\$1000 DONATION</p>
<p>\$1500 DONATION</p>	<p>Provides after-school and summer support for grade schoolers, helping them boost reading and math skills.</p>		<p>Provides counseling for families that have experienced trauma, helping them heal and grow.</p>	<p>\$2000 DONATION</p>
<p>\$3000 DONATION</p>	<p>Funds our 2-1-1 Help Center for one month, helping hundreds of people connect with local programs.</p>		<p>Supports a network of proven violence prevention programs, helping reduce gun violence.</p>	<p>\$5000 DONATION</p>
<p>\$7500 DONATION</p>	<p>Provides developmental screenings and early intervention programs to hundreds of children, helping each child reach their full potential.</p>		<p>Supports all of United Way's wide-ranging Community Impact work, helping improve our community.</p>	<p>\$10000 DONATION</p>

A special Thank You to our 2022 Pillar Program Sponsors

