### UNITED WAY OF CHAMPAIGN COUNTY Pledge form - Annual Campaign



### YES! I CHOOSE TO SUPPORT MY COMMUNITY WITH A GIFT TO UNITED WAY.

First Name				
Personal Email Address				
Home Address				
City	State	Zip	Phone	O Home O Work
Workplace				

### LEAVE A LEGACY

 $\bigcirc$  I/we would like information about planned giving opportunities

O 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.

#### **O 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.

#### O 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.

#### **O 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**

PAYROLL DEDUCTION	Please deduct       \$ per pay       x       # pay periods       =       \$ Total Gift         Signature required for payroll deduction	DID YOU KNOW? An annual gift of \$500	
ONE-TIME GIFT	<ul> <li>Cash or check enclosed \$ Check #</li> <li>Credit Card: Please visit www.UnitedWayChampaign.org/Give or call 217-352-5151 to make a secure credit card donation. <i>Stock, bank transfer, and recurring credit card gift options available. Please call for information.</i></li> </ul>	or more qualifies your household for membership in United Way's PILLARS Leadership Giving	
BILL ME	(\$25 minimum) \$ O One time O Monthly O Quarterly Billing will begin in January 2023 unless you specify	Program and our Women United group.	

#### Specific charitable organization (please see Designation Policy at UnitedWayChampaign.org)

to

Please direct a portion of my gift \$ \_\_\_\_

THANK YOU!

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

#### (\$100 minimum per organization)

**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



## How your gift makes an impact!



