



UNITED WAY
Northwest Illinois

YES, I will invest in United Way

1. MY INFORMATION (PLEASE PRINT)

Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ ☐ keep me updated & show me how my contribution is helping our community

☐ I am a NEW Contributor!

☐ I am a Loyal Contributor! I have given to United Way for: ☐ 5+ yrs ☐ 10+ yrs ☐ 20+ yrs

☐ I've included United Way of Northwest Illinois in my will or estate plan.

☐ I would like to be contacted about making a planned gift.

Signature _____ Date _____

(my signature authorizes my pledge)

2. MY IMPACT: I WOULD LIKE TO DESIGNATE MY DONATION TO

☐ Community Impact Fund: optional to choose a focus area

I want my gift to have the biggest impact by helping to support our community agencies & programs that help to ensure that people learn more, earn more, and lead safer and healthier lives.



☐ Education



☐ Health



☐ Financial Stability



☐ Basic Needs

☐ United Way of Northwest Illinois General Fund

☐ United Way of Northwest Illinois Affinity Group: _____

☐ Donor Designated 501(c)3 organization: _____
Must be located in Stephenson, Jo Daviess, or Carroll Counties & be a partner organization

☐ Other United Way: (UW Name & Zip Code) _____

I'M GIVING AT A LEADERSHIP LEVEL:

☐ Pillar Recognition

\$1,000 Silver

\$2,500 Gold

\$5,000 Platinum

\$10,000 Alexis de Tocqueville Society

☐ Young Leaders Society

\$500 (for donors under 40 only)

Pillars receive our monthly newsletter and an invitation to the annual Pillar Reception

Please list me (us) in the Leadership Directory as:

Name _____

☐ I prefer that my gift remain anonymous or in memory of:

In Memory of: _____

MY TOTAL ANNUAL GIFT \$ _____

MY GIFT WILL BE PAID AS FOLLOWS:

☐ Payroll Deduction

\$ _____ x \$ _____ = \$ _____
AMOUNT PER PAY PERIOD NUMBER OF PAY PERIODS IN YEAR Total payroll deduction

☐ Direct Gift

Credit Card or eCheck

Call our office at 815-232-5184

ext 1 to set up recurring gifts

or scan the QR code to pay by credit card or by eCheck



\$ _____
Total Credit Card or Check

Check # _____ payable to United Way
Total Cash/Check

☐ Bill Me
please invoice me starting in _____
Total Bill Me

Annually

Quarterly

Semi-Annually

Monthly

☐ Stocks/Securities please call (815) 232-5184 ext 1
Total Stocks/Securities