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 Metro Chicago

1 YOUR INFORMATION

NAME	☐ MR. ☐ MRS. ☐ MS.	FIRST		MI		LAST	
HOME ADDRESS				BIRTHDATE (MM/DD/YYYY)	/ /		
CITY				STATE		ZIP	
PREFERRED PHONE		☐ MOBILE ☐ HOME ☐ WORK					
PERSONAL EMAIL		WORK EMAIL					
COMPANY		TITLE					

2 YOUR CONTRIBUTION

My Pledge to United Way of Metro Chicago

Please indicate how you would like to designate your gift below.

○ $10,000 Tocqueville Society ○ $5,000 ○ $2,500 ○ $1,000 Leadership Gifts ○ $500 ○ $250 ○ $100 ○ Other $ _____

Basic Needs Support

_____ % **YES,** I want to support our neighbors with food assistance, access to healthcare, housing, safety from abuse, legal assistance, early learning, and workforce development.

Neighborhood Network Initiative

_____ % **YES,** I want to invest in neighborhoods from the inside out and support community-led visions for transformation and growth, creating a Chicago region where everyone can thrive.

Chicago BridgeBuilders Fund

_____ % **YES,** I want to support the cohort-based initiative providing unrestricted funds, capacity building, and sustaining support to small, local organizations on the South and West Sides of Chicago and in the south suburbs.

_____% Please send my donation to the 501(c)(3) nonprofit agency below.
(All fields are required. An 8% fee is applied to cover processing and distribution costs.)

AGENCY NAME _____ PHONE # _____ EIN # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Your gift can make all the difference

$15 PER MONTH
Laptop for a student to participate in education and enrichment activities

$50 PER MONTH
Up to 1,800 meals for families struggling to put food on the table

$100 PER MONTH
Job readiness services for 5 people seeking employment

$200 PER MONTH
12 primary care doctor's visits to support health and well-being

3 PAYMENT OPTIONS

☐ Payroll Deduction

$ ___ PER PAY PERIOD × ___ PAY PERIODS = $ _____ TOTAL GIFT

☐ Credit/Debit Card

Visit LIVEUNITEDchicago.org/donate to make a secure credit card donation, or call **312.906.2204,** and submit this form to the appropriate person in your office.

☐ 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 or **312.906.2238** with questions.

☐ Matching Gift

Total Gift $ _____ **Company Name** _____

Contact your company's Human Resources department or visit LIVEUNITEDchicago.org/employee-matching-gifts to learn more.

4 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 _____

5 SIGNATURE

SIGNATURE *Required*

DATE

Thank You!

TRACKING CODE: P F D

UNITED, WE ARE BUILDING A STRONGER CHICAGO REGION.
UnitedWayChicago.org

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