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**UNITED WAY OF BOONE COUNTY ILLINOIS Individual Pledge Form**

**Please complete in full to have your gift appropriately acknowledged.**

|  |  |
| --- | --- |
| **1** | **DONOR INFORMATION** *This information will not be shared I/We wish to remain anonymous* *[ ]*  |
| First Name |  | MI |  | Last Name |  |
| Address |  | City |  | State |  | Zip |  |
| Preferred Phone  |  | Preferred Email |  |
| **2** | **AMOUNT AND PAYMENT METHOD –** *Choose Option A or B* |
| [ ]  **Option A: Payroll Deduction** | **[ ]  Option B: One Time Contribution** |
| I wish to give through payroll deduction. | Amount$  | [ ]  Stock or Endowment (Contact United Way) |
| $  per pay period | [ ]  Check #  Date  |
| X  # of pay periods | *(Payable to* ***United Way of Boone County****)* |
| =  Annual Gift Total | [ ]  Bill Me : [ ]  Once [ ]  Quarterly |
|  | [ ]  PayPal (Give online at [www.uwboonecounty.org/give](http://www.uwboonecounty.org/give) ) |
| **3** | **CHOOSE HOW YOU WISH TO INVEST IN YOUR COMMUNITY** |
| **[ ]  Option A: United Way of Boone County Community Impact Fund** | **[ ]  Option B: Restricted Contribution** |
| **The most powerful way to invest your contribution!** Volunteers and staff study community needs and meet with every agency applying for funding to ensure informed decisions are made before investing your contribution locally.  | I wish to designate my contribution to another United Way. United Way Address City, State, Zip  |
| **4** | **SIGN AND DATE PLEDGE FORM –** *Signature is required for all pledges* |

 **DAE FORM -** *or all pledges*



**Please print completed form, sign and date.**

 Signature Date

**THANK YOU FOR YOUR CONTRIBUTION!**

*No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.*