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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.*