

# DESIGNATION PLEDGE FORM

United Way of Metropolitan Chicago  
75 Remittance Drive, Suite 5828  
Chicago, IL 60675-5828



GIVE. ADVOCATE. VOLUNTEER.  
**LIVE UNITED**™



uw-mc.org

## 1. MY INFORMATION

NAME	FIRST		MI	LAST			
HOME ADDRESS							
CITY					STATE	ZIP	-
PHONE							
EMPLOYER							
WORK ADDRESS							
CITY					STATE	ZIP	-

## Keep me informed via email:

- The impact United Way is making across Chicagoland
- United Way work in the African American community
- United Way work in the Latino community
- The United Way *Young Leaders Society*
- Volunteer opportunities

MY PREFERRED EMAIL

## 2. MY GIFT

My gift provides funding to meet the most critical needs across the Chicago region—needs around Income, Education and Health.

Total gift: \$

## 3. MY PAYMENT (Please select one)

### A Payroll deduction

\$  per pay period x  pay periods = total gift.

### B Check

A check payable to **United Way** is enclosed for amount of total gift.

### C Please charge my:

Visa  MasterCard  Discover  AmEx  Diners

In the amount of \$

Please select one:  One-time payment  Quarterly  Monthly

Card #

Exp.  /  Bill my card after  /  /

**D To make a gift of stock**, please call 312.906.2350 from 9 am to 5 pm Monday–Friday. For more information or to give online, visit uw-mc.org.

## 4. RECOGNITION

### I am a *Diamond Donor*—

I've been giving to United Way for 25 years or more.

*If any of the following apply, you can be recognized in one of our donor directories. Please indicate your recognition name(s) if different from above:*

### I am a *Leadership Giver*—

my annual gift is at least \$1,000.

### I am a *Step Up Tocqueville Society member*—

I am committed to reach a gift of \$10,000 in four years.

### I am a *Tocqueville Society member*—

my annual gift is \$10,000 or more.

Do not publish my name in United Way recognition materials.

Combine my gift with my spouse/partner's gift.

Spouse/partner's name:

Spouse/partner's employer:

Spouse/partner's gift amount:

\$

Recognition name(s):



## Please direct my gift:

% to United Way of Metropolitan Chicago

% to the United Way *Latino Initiative*

% to the United Way *African American Initiative*

% to the local United Way serving ZIP code

To the following health and human services organizations\* (\$50 min)

%   
ORGANIZATION

CITY  STATE  ZIP

%   
ORGANIZATION

CITY  STATE  ZIP

Do not release my name or information to designated agency.

\*Designations to any agency, or to any United Way outside of the greater metropolitan Chicago area, incur an 8% fee (max. \$250). If you direct your gift to an agency that is not a nonprofit 501(c)(3) health and human services organization, your gift will go to United Way of Metropolitan Chicago. Distributions to agencies occur quarterly based upon receipt of your payment.

## 5. MY AUTHORIZATION

SIGNATURE

DATE

UNITED WAY IS COMMITTED TO PROTECTING YOUR PRIVACY. INFORMATION THAT YOU PROVIDE IS USED TO PROCESS YOUR DONATION AND RESPOND TO YOUR INFORMATION REQUESTS.

# THANK YOU!

TRACKING CODE: P F D