

1 My Contact Information (Please print)

FIRST NAME: _____ MIDDLE: _____ LAST: _____ SUFFIX: _____

HOME ADDRESS: _____ EMPLOYER: _____

CITY/STATE/ZIP: _____ WORK PHONE: _____

HOME/CELL PHONE: _____ EMAIL: _____

2 My United Way Investment

PAYROLL DEDUCTION

A. Number of pay periods: _____

B. Amount per pay period:

☐ \$100 ☐ \$50

☐ \$25 ☐ \$10

☐ \$5 ☐ \$3

☐ Other \$ _____

Total Annual Investment \$ _____
(AxB)

OTHER INVESTMENT OPTIONS

☐ Pay now by attaching cash or check made out to United Way.

☐ Pay with card by visiting our website uwdecatur.org

Click GIVE to enter your information securely or call our office at (217) 422-8537, and we will enter without retaining card information.

☐ Pay later by a direct bill. Your home address is required.

Choose a billing preference:

☐ Monthly ☐ Quarterly

☐ Semi-Annually ☐ One-Time Billing on: _____

Total Annual Investment \$ _____

OR

Investing in United Way of Decatur & Mid-Illinois is the most effective way to make the biggest impact in our community.

My investment should benefit:

☐ Macon Co.

☐ DeWitt Co.

☐ Moultrie Co.

☐ Piatt Co.

☐ Shelby Co.

☐ Other Co. _____

☐ I prefer that my gift remain anonymous.

☐ Combine my gift with my spouse/partner. Name: _____ Employer: _____

3 My Signature: _____ Date: _____
Signature and date are both required for all methods of payment

Or, choose a line of effort: *(Macon Co. only)*

Youth Education Adult Education & Training Health Safety Essential Services

Give to another tax exempt agency (Minimum \$52). Agency Name: _____ Agency Address or Tax ID: _____

No goods or services were provided in exchange for this pledge. This copy is your tax record. Donor designated pledges to agencies and out-of-state UW's are assessed a fundraising/management and general fee totaling 15% of the pledge amount based on actual historic costs in accordance with United Way Worldwide Membership Standards.