

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 \$ _____
(Ax B)

OR

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 \$ _____

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.

WHITE COPY - EMPLOYER

YELLOW COPY - UNITED WAY