

HEART OF ILLINOIS UNITED WAY DONATION FORM



HEART OF ILLINOIS UNITED WAY | HOIUNITEDWAY.ORG
509 W. High Street, Peoria, IL 61606 | (309) 674-5181

CONTACT INFORMATION (PLEASE PRINT)

Mr./Mrs./Ms./Dr. First Name Last Name

Home Address

City State/Zip Code

Workplace/Employer Employee ID #

Email Address (to receive United Way correspondence)

My name has changed from: _____

I am retiring within the year. (Please provide your personal email address above.)

I am a member of a local union: _____
(union name/#)

TOTAL ANNUAL DONATION

\$ _____ . _____ ⇐ WRITE IN AMOUNT AND COMPLETE PAYMENT OPTION(S) BELOW

PAYMENT OPTIONS

PAYROLL DEDUCTION I am paid: Weekly (52 times/year) Bi-Weekly (26 times/year) Semi-Monthly (24 times/year) Other: _____

I authorize my employer to deduct the following amount from my paycheck: \$ _____ . _____ (sample calculations on back)

PAY IN FULL Credit Card: Visa Mastercard Discover Receipt will be mailed to your home. Home address required; please complete above.

Card# _____ - _____ - _____ - _____ Expiration Date ____ / ____

Cash Check # _____ Make check payable to: Heart of Illinois United Way and paper clip to this form.

DIRECT BILL Please Bill Me (Minimum gift of \$25) Quarterly One-Time: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC (circle month)

Home address required; please complete above. Invoice will be mailed to you.

Electronic funds transfer Deduct \$ _____ from my checking account: Monthly Quarterly (please attach a cancelled check)

DONOR CHOICE - PLEASE SEE BACK FOR MORE INFORMATION

I want to **MAKE AN IMPACT** by giving to the **Heart of Illinois United Way Community Impact Fund**. My donation will support local programs advancing education, financial stability and health, except for (optional): _____ (agency name/code number, see back)

Please direct all or part of my donation to a specific impact area:

EDUCATION \$ _____ FINANCIAL STABILITY \$ _____ HEALTH \$ _____

Please direct my donation to a specific agency or another United Way. (**\$25 minimum per directed donation**)

_____ \$ _____ (agency name/code number, see back) _____ \$ _____ (agency name/code number, see back) _____ \$ _____ (agency name/code number, see back)

SIGNATURE AND RECOGNITION

Signature Required to Authorize Donation _____ Date _____ I wish to remain anonymous. Do not release my name.

I would like to be recognized for my leadership giving. Donations of \$1,000 or more, individually or as a couple, qualify for recognition as a member of the Heart of Illinois United Way Pillars Society. (If your leadership donation is part of a combined gift totaling \$1,000 or more; please provide the other person's info: _____)

Name Workplace Gift Amount

Please indicate how you would like to see your name(s) listed in the Pillars Society Registry:

Name(s) _____ Company Affiliation(s) _____