United	Way Of	
Logan	County,	Illinois

Name:\_\_\_\_

Address:

Step 1 - Personal Information

Street



# **Pledge Card**

Thank you for your donation!

Date:

United Way of Logan County, IL Campaign - Invest my gift where it will have the most community impact.

OR

Other:

Street			
City State Zip			
Employer:		<u>(Required if you selected Easy Payroll</u>	
Email:	Other	Semi-Monthly Mor	
Stop 2 Chasse A Depation Mathed	Amount Per Pay Period: \$	Annual Total: \$	
Step 2 - Choose A Donation Method	Employee ID # (If applicable)		
Easy Payroll Deduction (Fill out box on the right)		ployer to deduct from earnings	
□ Cash □ Check Total Donation \$		y contribution to the United Wa	
*Please include cash or check with this form.			
	White: Your Copy	Yellow: Payroll Dept. Copy	Pink: United Way Copy
United Way Of United	Pledge Card	Thank you for	
ogan County, Illinois 🛛 🛛 👋	Fleuge Calu	your donation!	Date:
Step 1 - Personal Information	Step 3 - Designate Your D	onation	
Manage		ounty, IL Campaign - Invest my g	gift where it will have
Name:	, ,	ct.	
Address:Street	OR D Other:		
Street			
City State Zip			
Employer:		1 (Required if you selected Easy Payroll	
Email:		Semi-Monthly Mor	
	Amount Per Pay Period: \$	Annual Total: \$	
Step 2 - Choose A Donation Method	Employee ID # (If applicable)	: ///////////////////////////////	
Easy Payroll Deduction (Fill out box on the right)		ployer to deduct from earnings	each pay period the
Cash 🛛 Check Total Donation \$	amount listed above as m	y contribution to the United Wa	ay of Logan County, IL.
*Please include cash or check with this form.	Signature:		
	White: Your Copy	Yellow: Payroll Dept. Copy	Pink: United Way Copy
Jnited Way Of United		Thank you for	
ogan County, Illinois Way 🕉	Pledge Card	your donation!	Date:
Step 1 - Personal Information	<b>Step 3</b> - Designate Your D	onation	
	United Way of Logan Co	ounty, IL Campaign - Invest my g	gift where it will have
Name:	— the most community impa	ct.	
Address:	OR		
Address:Street	— 🖵 Other:		
City State Zip		1 (Required if you selected Easy Payroll	Doduction)
Employer:		Semi-Monthly D Mor	
Email:	Other		
	Amount Per Pay Period: \$	Annual Total: \$	

## Logan County, Illinois

	Step 1 -	Personal	Information
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### Email:\_\_\_\_\_

#### Step 2 - Choose A Donation Method

## United Way Of Logan County, Illinois



#### Step 2 - Choose A Donation Method

Easy Payroll Deduction	(Fill out box on the right
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□ Cash □ Check Total Donation \$\_\_\_\_

\*Please include cash or check with this form.

White: Your Copy

Signature:

Employee ID # (If applicable):\_\_\_\_\_

I hereby authorize my employer to deduct from earnings each pay period the amount listed above as my contribution to the United Way of Logan County, IL.