Kishwaukee United Way
Commitment Card

Donor Information

Name (Please Print)

Employer

Home Address

City/State/Zip

Daytime Phone

E-mail Address

☐ *Check here if you DO NOT wish to be acknowledged.*

Community Fund Contribution

Please check one:

☐ Kishwaukee United Way

☐ Other _____

My Gift to United Way

☐ Check Total amount enclosed $ _____

☐ Credit Card Total amount enclosed $ _____

☐ Visa ☐ MC ☐ Discover

Account Number Expiration Date

Name as it appears on card

Payroll I wish to authorize my employer to deduct:

$ _____ per pay period

_____ # of pay periods

$ _____ total annual amount

☐ Stock/Endowment Contact United Way for information.

Authorizing Signature