

Workplace Donor Form



United Way
of Danville Area, Inc.

801 W Fairchild, Danville, IL 61832 217-442-3512
Serving Vermilion County, IL - Fountain and Warren County, IN

2023-2024

About YOU

Name: _____ Cell Phone: _____

Address: _____ City/State: _____ Zip: _____

Company: _____ Department: _____

Email: _____ Birthday ____/____/____

Your SUPPORT

Leadership Levels

Emerging Leader: \$250-\$499

Bronze Elite: \$500-\$749

Silver: \$750-\$999

Gold: \$1000-\$1499

Platinum: \$1500+

EASY PAYROLL DEDUCTION

- \$50 \$25
 \$20 \$10
 FAIR SHARE Other: \$ _____

Become an Emerging Leader when you give \$5 a week. _____ = _____
of Pay Periods Total Annual Gift

DIRECT PAYMENT \$ _____

- Cash enclosed
 Check enclosed: Ck# _____
(Payable to United Way of Danville Area, Inc.)
 Bill Me Month Quarter One Time
 Credit Card* (Unitedwayda.com/#donate)
*NEW (Roundup Program)



SCAN ME

- I would like to learn more about giving stocks or securities.
 I would like to learn more about how I can leave a Legacy Gift to UWDA.
 Please combine my gift with spouse/significant should they combine at \$250 or more to qualify for leadership circle.

Name(s) as they should be published: _____ Make my gift anonymous

Your IMPACT (optional)

- Invest my contribution where it will impact my community the most: United Way of Danville Area, Inc!
 Target my gift - Choose one or more priority area:

BH Behavioral Health
*Physical, Mental,
Emotional Well Being for ALL!*

Amount \$ _____

SP Creating a Safe & Prosperous
Community
Prevention & Engaging Education

Amount \$ _____

EE Emergency & Essential Services
Shelter, Transportation, & more!

Amount \$ _____

- Direct my gift to a designated UW Agency _____
 UWDA Endowment: Ensures sustainable funding for future generations.

YOUR SIGNATURE _____ Date: _____

PLEASE MAKE COPY FOR YOUR TAX RECORDS