

# Employee Pledge Form

2023-2024 Campaign



United Way  
of Danville Area, Inc.

**UNITED in  
PURPOSE**

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

## 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+

Become an Emerging Leader  
when you give \$5 a week.

### EASY PAYROLL DEDUCTION

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

X \_\_\_\_\_ = \_\_\_\_\_  
# of Pay Periods      Total Annual Gift

### DIRECT PAYMENT \$ \_\_\_\_\_

- Cash enclosed  
 Check enclosed: Ck# \_\_\_\_\_  
(Payable to United Way of Danville Area, Inc.)  
 Bill Me     Monthly     Quarterly     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