



WHERE THERE'S A WILL THERE'S A WAY.



United Way of Will County
54 N. Ottawa St.
Suite 300
Joliet, Illinois 60432
815.723.2500
www.uwwill.org

1 My Contact Information

PLEASE PRINT LEGIBLY

First Name				Last Name			
Home Address							
City				State		Zip	
Phone				Company			
Personal Email				Date of Birth (MM / DD / YYYY)			

2 My Giving Level

My donation will improve the health, youth opportunity, and financial security of every person in Will County.

☐ One Time Gift:

- ☐ \$10,000 ☐ \$100
☐ \$5,000 ☐ \$50
☐ \$1,000 ☐ \$25
☐ \$500 ☐ Other \$ _____

☐ Payroll Deduction:

Amount per pay period \$ _____

Number of Pay Periods _____

Total Annual Contribution \$ _____

☐ I wish to rollover annually, unless I discontinue.

3 My Payment Options

☐ **Payroll Deduction** My payroll deduction information is filled out above in number two.

☐ **Check Enclosed** My check is made out to United Way of Will County.

\$ _____ Check # _____ Date _____

☐ **Debit/Credit Card** Please make your donation on our secure website: uwwill.org

☐ One time gift of:

☐ Monthly gift of: \$ _____

☐ Round-Ups: Connect a debit/credit card to round-up your purchases to the next dollar and donate your change.

☐ **Cash Enclosed** \$ _____

4

Signature _____

Date _____

☐ Yes, I want to learn how my donation is making an impact in the community.



My Gift (optional)

My donation will only support agencies and programs in:

☐ Healthy Community

☐ Youth Opportunity

☐ Financial Security

☐ Area of Greatest Need

☐ 211

☐ Continuum of Care

☐ Write In: _____

Please fully complete the required information so we may properly record your gift. Information is for United Way of Will County use only. View our donor privacy policy at www.uwwill.org/about.

Scan to visit our website



Thank you!

Top Copy: United Way of Will County

Yellow Copy: Payroll

Pink Copy: Donor