

Individual Pledge Card

Total Gift \$ _____ Amount Paid \$ _____ Balance Due \$ _____

Please bill balance due:

Once on (date) _____

Quarterly (starting) _____

Other (specify) _____

I will remit balance:

Once on (date) _____

Quarterly (starting) _____

Other (specify) _____

OR

Authorized Signature _____

Thank you for your gift!

Date _____

Please make checks payable to:

**United
Way**



United Way of Elgin

1797 N La Fox Street
South Elgin, IL 60177
Phone 847.741.2259
FAX 847.741.2270
www.uwelgin.org

LIVE UNITED™