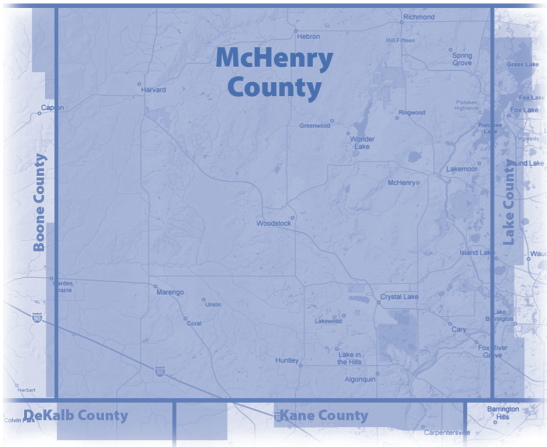


UNITED WAY OF GREATER MCHENRY COUNTY

COVERAGE MAP



United Way
of Greater McHenry County



PILLARS CLUB

FOR LEADERSHIP GIVERS

ZIP CODES SERVED 60012 60013 60014 60021
60033 60034 60042 60050 60051 60071 60072 60081
60097 60098 60102 60142 60152 60156 60180

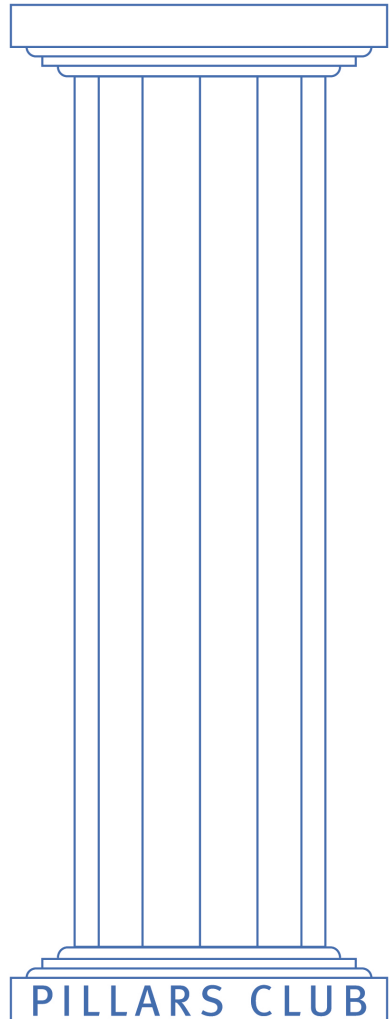
CONTACT US

ADDRESS: 4508 Prime Parkway, McHenry, IL 60050

PHONE: 815-363-1377 **FAX:** 815-363-1878

WEB: www.uwmchenry.org **EMAIL:** info@uwmchenry.org

United Way
of Greater McHenry County



ENROLLMENT CARD

PILLARS CLUB ENROLLMENT

Name _____

Print as you would like name(s) to appear in listing.

I/We wish to remain anonymous

Employer _____

Home Address _____

City _____

State/ZIP _____

Phone _____

Email Address _____

(We do not share donor information)

Please check your family's level of giving:

- Pillars Pinnacle (\$10,000 and UP)
- Pillars Plus (\$5,000 to \$9,999)
- Pillars Challenge (\$2,500 to \$4,999)
- Pillars (\$1,000 to \$2,499)

My/Our gift is \$ _____

Spouse's information *if contribution is made separately*

My spouse's gift is \$ _____

Spouse's Name _____

Employer _____

Check one:

- Payroll deduction
- Payment enclosed
Make checks payable to United Way of Greater McHenry County.
- Bill Me
 - Once on _____
 - Quarterly starting _____
 - Other _____

Signature _____

- Charge my credit card
Please complete the information to the right.
- Electronic funds transfer
Please include a void check and indicate withdrawal schedule above.
- Gift of stock. Contact me to make arrangements.
Additional information is also available on our website at www.uwmchenry.org.

THANK YOU for your generous investment
in our community through United Way.

CREDIT CARD DONATIONS

Please complete the information below to contribute using a credit card.

You can also make a secure online donation by visiting our website at www.uwmchenry.org.

Amount of Gift \$ _____

Select card type:

- American Express
- Discover
- MasterCard
- Visa

Card information:

Name on card _____

Card # _____

Expiration Date _____

Verification Code _____

Daytime Phone _____

Signature _____

Billing Schedule

- Bill Me
 - Once on _____
 - Quarterly starting _____
 - Other _____

Billing Address

if different from address listed on opposite side

Address _____

City _____

State/ZIP _____

- Check here if you would like a receipt
For an electronic receipt, please provide your email address below.
Email _____