



United Way IPledge Commitment Form

Please complete your anticipated IPledge donation:

IPledge \$ _____ per _____

IPledge a one time contribution of \$ _____

IPledge _____ % of my monthly sales

Please select your *anticipated* IPledge level:

Level 1 (up to \$999) Level 2 (up to \$2500) Level 3 (\$2500+)

Business Name: _____

Business Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Email: _____

My business is on social media and you can tag me at:







Please send me a reminder statement:

_____ Each month - I'd like to make monthly payments

_____ Every quarter - I'd like to make quarterly payments

Completed forms can be emailed, faxed or mailed to:

Heather Arnold - harnold@uwmchenry.org
4508 Prime Parkway, McHenry, IL 60050
phone: (815) 363-1377 fax: (815) 363-1878



United Way
of Greater McHenry County