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Name _____ <i>(Pledging by credit card? - Please be sure name matches card information)</i>			
Address _____		Phone _____	
City _____	State _____	Zip _____	E-mail _____ <i>(We will not share your e-mail address)</i>
Signature _____ <i>(My signature authorizes my pledge)</i>			

Check (Enclosed)

Amount \$ _____ Please make check payable: **United Way of Kenosha County**

Credit Card

Amount \$ _____ (**\$50 minimum pledge**) Account # _____ Exp _____/_____/_____

Circle one: Visa MasterCard American Express

- Quarterly (*starting in January*) One time

Bill Me

Amount \$ _____ (**\$50 minimum pledge**)

- Quarterly (*starting in January*) One time

I would like to receive United Way information updates

I have given to United Way for 25 years or more and qualify as a Diamond Donor

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