

# UNITED WAY OF EAST CENTRAL IOWA PLEDGE FORM

## STEP 1

## DONOR INFORMATION

## THANK YOU!

Gender:  Male  Female

Birth Date (mo/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Home  Work Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(if different from above)

City, State, ZIP: \_\_\_\_\_

Home  Work  Cell Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check the box if you **DO NOT** want to receive our monthly newsletter.

I have been a United Way donor for 25 years or more (Diamond Donor).

I am a union member.  
Union Name: \_\_\_\_\_  
Local #: \_\_\_\_\_

I am planning on retiring in the next 12 months

I would like my donation to be anonymous

## STEP 2

## MY GIFT TO MY COMMUNITY

### Easy Payroll Deduction

My total annual gift is: \$ \_\_\_\_\_

# of pay periods per year: \_\_\_\_\_

I want to contribute the following amount per pay period :

- \$5                       \$50  
 \$10                      \$100  
 \$20                      Other ( \_\_\_\_\_ )

### Volunteer Hours

In addition to my donation, I pledge to volunteer in the community for next year approximately:

- 25 hours                       50 hours                       100+ hours

I would like information about volunteering.

### One-Time Gift

My total gift is: \$ \_\_\_\_\_

Cash/Check Enclosed  
Check # \_\_\_\_\_  
Check date: \_\_\_\_\_

Stock/Securities (To facilitate your stock transaction, please call 398-5372 x840.)

Credit Card / Debit Card  
 Visa  Mastercard  Discover  American Exp.  
Card # \_\_\_\_\_  
Exp. date \_\_\_\_\_  
CVC/CVV Code: \_\_\_\_\_

### Recurring Gift

My total annual gift is: \$ \_\_\_\_\_

Please deduct my gift:  Credit Card / Debit Card  
 Monthly                       Visa  Mastercard  Discover  American Exp.  
 Quarterly                      Card # \_\_\_\_\_  
 Semi-Annually                      Exp. date \_\_\_\_\_  
CVC/CVV Code: \_\_\_\_\_

### Additional Gift Options

- I would like information about including United Way in my will, trust or estate plans.  
 I have included United Way in my will or estate plan.

I hereby authorize United Way of East Central Iowa to initiate this recurring transaction the first month after my information is received. This recurrence will continue until paid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bill Me** (Please allow 90 days for processing)

Please bill me:  
 Monthly  Quarterly  Semi-Annually

My total annual gift is: \$ \_\_\_\_\_

(Please verify correct billing address in step one.)

## STEP 3

## LEADERSHIP SOCIETIES

Please check all that apply:

- Alexis de Tocqueville Society (\$10,000+)     Labor Leadership Society (Union Members \$350+)  
 T.M. Sinclair Society (\$1,250 - \$9,999)  
 William B. Quarton Society (\$500 - \$1,249)     Young Leaders Society (Age 40 and under, \$250+)  
 Women's Leadership Initiative

A minimum of \$500 must be designated to WLI.

If more than \$500, please specify amount here: \$ \_\_\_\_\_

My gift is combined with that of:

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Please list me/us in materials as:

Name: \_\_\_\_\_

## STEP 4

## SIGNATURE (REQUIRED FOR PROCESSING)

Signature \_\_\_\_\_ Date \_\_\_\_\_

No tangible benefit was received in exchange for this contribution unless specifically noted. Gifts made to United Way of East Central Iowa are tax deductible within the limits of the current law. If you've contributed via payroll deduction, you will not receive a tax letter since your pay stub will serve as tax documentation.

United Way of East Central Iowa • 317 Seventh Avenue SE, Suite 401, Cedar Rapids, IA 52401 • 319-398-5372 • www.UnitedWayofEastCentrallowa.org

TOP COPY: UNITED WAY    YELLOW COPY: EMPLOYER    PINK COPY: DONOR

