

United Way Of East Central Iowa Pledge Form

GIVE • ADVOCATE • VOLUNTEER

STEP 1

DONOR INFORMATION

Gender: Male Female Birth Date (mo/year): _____ / _____

Name (first, middle, last): _____

Address: _____

Billing Address: _____

City, State, ZIP: _____

Phone: _____

Company name: _____

E-mail: _____

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

STEP 2

MY GIFT TO OUR COMMUNITY

Please choose one of the following

Easy Payroll Deduction

\$ _____ per pay period x # _____ pay periods = \$ _____ Total

Bill Me (Please allow 90 days for processing)

My total annual gift is: _____

(Please verify correct billing address in step one.)

Please bill me:

Monthly Quarterly Semi-Annually

Preferred billing start date: _____

One-Time Gift

\$ _____ Total Gift

Recurring Gift

\$ _____ Total Annual Gift

Please deduct my gift: Monthly Quarterly Semi-Annually

For either One-Time or Recurring Gift, please fill out the following:

- | | |
|--|--|
| <input type="checkbox"/> Cash/Check Enclosed
Check # _____
Check date: _____ | <input type="checkbox"/> Credit Card / Debit Card
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp.
Card # _____
Exp. date _____
CVC/CVV Code _____ |
|--|--|

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 _____

STEP 3

DONORS LIKE ME

Please check all that apply:

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

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

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

ABOUT ME

- I have been a United Way donor for 25 years or more (Diamond Donor).
- 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 am planning on retiring in the next 12 months.
My projected date is: _____
- I am a union member.
Union Name: _____
Local#: _____
- I would like my donation to be anonymous.

INITIATIVE SUPPORT

To minimize processing costs, we request directed gifts of \$100 or more.

Community Impact Areas

Please direct my gift toward the following initiatives:

- Education \$ _____
- Financial Stability \$ _____
- Health \$ _____

If you do not make a selection here, your gift will go to support all these initiatives.

VOLUNTEER NOW

- I would like more information about volunteering in our community.

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United Way
of East Central Iowa