

United Way of Johnson & Washington Counties Pledge Form



MY INFORMATION

Mr. _____
 Mrs. _____
 Ms. _____
 Dr. _____

First Name	Middle Initial	Last Name	Employer
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Home Address-Street	City	State	Zip
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Phone cell home

Personal Email for Thank You & Receipt

- I want my gift to remain anonymous in all recognition materials.
 Combine my gift with my spouse/partner:

- I am retired or retiring this year & would like to be involved! Contact me!
 I am a loyal donor who has contributed for 25 years +

Mr. _____
 Mrs. _____
 Ms. _____
 Dr. _____

First Name	Middle Initial	Last Name	Employer
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MY COMMUNITY INVESTMENT

Easy Payroll Deduction

My contribution per pay period:

<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	I am paid:	<input type="checkbox"/> Weekly (52)	<input type="checkbox"/> Bi-Weekly (26)	<input type="checkbox"/> Semi-Monthly (24)
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100		<input type="checkbox"/> Monthly (12)	<input type="checkbox"/> Other _____	

Same As Last Year
 Other Amount: \$ _____

Total Gift: \$ _____

Enclosed/Online Gift

Cash/Check, Attached Please make checks payable to United Way of Johnson & Washington Counties
 Donation of Stock Please contact United Way at: **319.338.7823**

Online Credit Card-To protect your credit card information, please donate at: **www.UnitedWayJWC.org**

Total Gift: \$ _____

Personal Billing

Quarterly
 One-time


Existing Bank Account Debit
 Continue monthly debits at:
 Amount: \$ _____
 January - December

For new account debit call the United Way at: **319.338.7823**

Start Date: ____ / ____ / ____

Total Gift: \$ _____

Create Your Legacy I would like additional information about :

 Investing in United Way's Innovation & Sustainability Fund for purposes such as critical needs, community disasters, agency emergencies and the future growth of United Way.

Growing United Way's Endowment Fund, or creating a Named Family Fund, held at the Community Foundation of Johnson County, to sustain United Way's work for the next generation.

Other planned giving options such as: memorials, wills and bequests.

Your gift will be directed to United Way of Johnson & Washington Counties, unless otherwise specified.

MY IMPACT (OPTIONAL)

Improve Lives with United Way

Make the greatest impact in our community

Enhance Childhood Literacy

Provide Physical Mental & Emotional Health Services

Build Individual & Family Stability

A United Way partner agency or tax exempt 501c3 organization.

Please direct \$ _____ To:

Name of Organization: _____

Address: _____

Min. \$50/year :Donations which do not make the minimum requirement will be directed to UWJWC.

Leadership Giving

Extend My Reach:
Leadership Circle

Bronze: \$1,000+ (\$20/wk)
 Silver: \$2,500+ (\$50/wk)
 Gold: \$5,000+ (\$100/wk)
 Platinum: \$7,500+ (\$145/wk)

Tocqueville Society
 \$10,000 and above

My Signature _____ **Date** ____ / ____ / ____

THANK YOU FOR YOUR SUPPORT

United Way of Johnson & Washington Counties • 1150 5th Street, Suite 290 • Coralville, IA 52241
 319-338-7823 • www.UnitedWayJWC.org • Facebook @United Way of Johnson & Washington Counties

No goods or services were given in return for this contribution. United Way respects your privacy. We do not rent, trade or sell donor lists. The entire contribution is tax deductible as allowed by law. Please keep a copy of this pledge form and your year-end pay stub for payroll deduction gifts or cancelled check for gifts under \$250. P:\CAMPAIN\2019
 Tax receipts for payments of \$250 or more will be sent by Jan. 31.