

PLEDGE FORM

Please complete the required information so we may properly record your gift.

(Your privacy is important to us. Your information will not be sold or used in any unauthorized way.)



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MY INFORMATION

PREFIX	FIRST NAME	MI	LAST NAME
HOME ADDRESS		CITY/STATE	ZIP
PERSONAL EMAIL (for thank you & receipt)		PREFERRED PHONE # ☐ Home landline ☐ Cell ☐ Work	
ORGANIZATION/EMPLOYER		☐ RETIRED ☐ PLAN TO RETIRE THIS YEAR	
SPOUSE'S NAME (If giving is combined)		SPOUSE'S EMPLOYER ☐ RETIRED	
☐ I'd like my gift to remain "Anonymous" in recognition materials.		☐ I am a loyal donor who has contributed for 25 years or more.	
		☐ I am retired or retiring this year.	

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MY GIFT

CHOOSE YOUR PAYMENT OPTION AND CONTRIBUTION AMOUNT

☐ PAYROLL DEDUCTION: Amount per paycheck: \$5 / \$10 / \$25 / \$100 / \$250 / other \$_____ X NUMBER OF PAY PERIODS_____ =	TOTAL GIFT \$
☐ CHECK (Enclosed, please make payable to United Way of Johnson & Washington Counties)	TOTAL GIFT \$
☐ BILL ME Start Date:_____/_____/_____ mm / yy Frequency: ☐ ONE TIME ☐ QUARTERLY (JAN/APR/JUL/OCT)	TOTAL GIFT \$
☐ ONLINE DONATION  Scan this QR code or visit unitedwayjwc.org/donate to make a monthly, quarterly or one time donation through your credit card.	TOTAL GIFT \$
☐ ACH/DIRECT FROM CHECKING/SAVINGS ☐ Please call me for my bank information Account Holder Name:_____ ☐ CHECKING ☐ SAVINGS Account Number:_____ Routing Number:_____ Frequency: ☐ ONCE ☐ MONTHLY ☐ QUARTERLY Start Date:_____/_____/_____ mm / yy	TOTAL GIFT \$
☐ Donation of stock Contact United Way at 319-338-7823 ☐ I am interested in learning about planned/estate gifts	

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MY IMPACT

OPTIONAL DIRECTED GIVING: YOUR GIFT WILL GO TOWARD FUNDING COMPREHENSIVE SOLUTIONS TO OUR COMMUNITY'S GREATEST NEEDS UNLESS OTHERWISE SPECIFIED HERE

☐ Improve lives with United Way - Make the greatest impact in our community	DESIGNATE AMOUNT(S) (OPTIONAL): <table><tr><td>☐ YOUTH OPPORTUNITY \$</td><td>☐ HEALTHY COMMUNITY \$</td><td>☐ FINANCIAL SECURITY \$</td><td>☐ COMMUNITY RESILIENCE \$</td></tr></table>	☐ YOUTH OPPORTUNITY \$	☐ HEALTHY COMMUNITY \$	☐ FINANCIAL SECURITY \$	☐ COMMUNITY RESILIENCE \$		
☐ YOUTH OPPORTUNITY \$	☐ HEALTHY COMMUNITY \$	☐ FINANCIAL SECURITY \$	☐ COMMUNITY RESILIENCE \$				
☐ Give all or some of this gift to a specific partner agency or a nonprofit of your choice:	<table><tr><td>Name of organization:_____</td><td rowspan="3">GIFT AMOUNT \$</td></tr><tr><td>Address:_____</td></tr><tr><td>EIN:_____ (required if not a partner agency)</td></tr><tr><td colspan="2">MIN. \$50/year: Donations which do not meet the minimum requirement will be directed to UWJWC and distributed to areas of most impact</td></tr></table>	Name of organization:_____	GIFT AMOUNT \$	Address:_____	EIN:_____ (required if not a partner agency)	MIN. \$50/year: Donations which do not meet the minimum requirement will be directed to UWJWC and distributed to areas of most impact	
Name of organization:_____	GIFT AMOUNT \$						
Address:_____							
EIN:_____ (required if not a partner agency)							
MIN. \$50/year: Donations which do not meet the minimum requirement will be directed to UWJWC and distributed to areas of most impact							

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SIGNATURE

Signature	Date

THANK YOU FOR YOUR SUPPORT!

United Way of Johnson & Washington Counties
160 Southgate Avenue, Suite A, Iowa City, IA 52240 | 319-338-7823 | www.UnitedWayJWC.org

No goods or services are given in exchange for this contribution, it is tax deductible as allowed by law. Please keep a copy of this form and a year-end paystub for payroll deduction gifts. Tax receipts for non-payroll gifts over \$250 will be sent by Jan 31st.