

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.)



1

MY INFORMATION

PREFIX _____ FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____

PERSONAL EMAIL _____ PREFERRED PHONE # _____
(for thank you & receipt) 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.

2

MY GIFT

CHOOSE YOUR PAYMENT OPTION AND CONTRIBUTION AMOUNT

<input type="checkbox"/> PAYROLL DEDUCTION: Amount per paycheck: \$5 / \$10 / \$25 / \$100 / \$250 / other \$ _____ X NUMBER OF PAY PERIODS _____ =	TOTAL GIFT \$ _____
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<input type="checkbox"/> CHECK (Enclosed, please make payable to United Way of Johnson & Washington Counties)	TOTAL GIFT \$ _____
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<input type="checkbox"/> BILL ME Start Date: _____ / _____ / _____ Frequency: <input type="checkbox"/> ONE TIME <input type="checkbox"/> QUARTERLY (JAN/APR/JUL/OCT)	TOTAL GIFT \$ _____
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<input type="checkbox"/> 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 \$ _____
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<input type="checkbox"/> ACH/DIRECT FROM CHECKING/SAVINGS <input type="checkbox"/> Please call me for my bank information	TOTAL GIFT \$ _____
Account Holder Name: _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS Account Number: _____ Routing Number: _____ Frequency: <input type="checkbox"/> ONCE <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY Start Date: _____ / _____ / _____ mm / yy	

Donation of stock | Contact United Way at 319-338-7823 I am interested in learning about planned/estate gifts

3

MY IMPACT

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

<input type="checkbox"/> Improve lives with United Way - Make the greatest impact in our community 	DESIGNATE AMOUNT(S) (OPTIONAL):
OR	<input type="checkbox"/> YOUTH OPPORTUNITY \$ _____ <input type="checkbox"/> FINANCIAL SECURITY \$ _____ <input type="checkbox"/> FINANCIAL STABILITY \$ _____ <input type="checkbox"/> COMMUNITY RESILIENCE \$ _____

<input type="checkbox"/> Give all or some of this gift to a specific partner agency or a nonprofit of your choice:	Name of organization: _____ 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	GIFT AMOUNT \$ _____
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4

SIGNATURE

Signature _____	Date _____
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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.