

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 # <input type="checkbox"/> Home landline <input type="checkbox"/> Cell <input type="checkbox"/> Work	
ORGANIZATION/EMPLOYER		<input type="checkbox"/> RETIRED <input type="checkbox"/> PLAN TO RETIRE THIS YEAR	
SPOUSE'S NAME (If giving is combined)		SPOUSE'S EMPLOYER <input type="checkbox"/> RETIRED	
<input type="checkbox"/> I'd like my gift to remain "Anonymous" in recognition materials.		<input type="checkbox"/> I am a loyal donor who has contributed for 25 years or more.	
		<input type="checkbox"/> I am retired or retiring this year.	

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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 \$
<input type="checkbox"/> CHECK (Enclosed, please make payable to United Way of Johnson & Washington Counties)	TOTAL GIFT \$
<input type="checkbox"/> BILL ME Start Date:_____/_____/_____ mm / yy Frequency: <input type="checkbox"/> ONE TIME <input type="checkbox"/> QUARTERLY (JAN/APR/JUL/OCT)	TOTAL GIFT \$
<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 \$
<input type="checkbox"/> ACH/DIRECT FROM CHECKING/SAVINGS <input type="checkbox"/> Please call me for my bank information 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	TOTAL GIFT \$
<input type="checkbox"/> Donation of stock Contact United Way at 319-338-7823 <input type="checkbox"/> 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

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

Signature	Date
<div></div>	<div></div>

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.