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.)

UNITED WAY
Johnson and Washington Counties

1 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.

2 MY GIFT

CHOOSE YOUR PAYMENT OPTION AND CONTRIBUTION AMOUNT

☐ **PAYROLL DEDUCTION:**
Amount per paycheck: $_____ X NUMBER OF PAY PERIODS_____ = TOTAL GIFT $0

☐ **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

3 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

OR

DESIGNATE AMOUNT(S) (OPTIONAL):

- 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:

Name of organization:_____
Address:_____
EIN:_____(required if not a partner agency)

GIFT AMOUNT $

MIN. $50/year: Donations which do not meet the minimum requirement will be directed to UWJWC and distributed to areas of most impact

4 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.