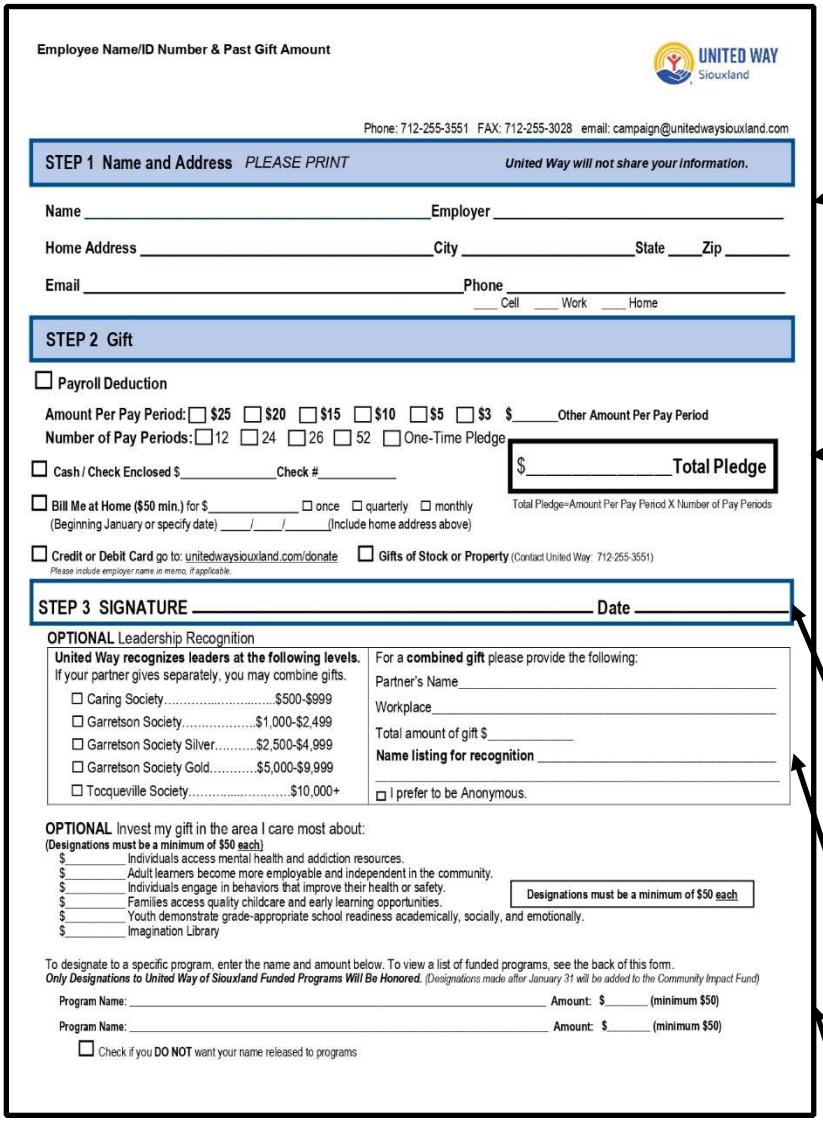
HOW TO FILL OUT A PLEDGE FORM

We are here to help if you have any questions. 712-255-3551



Employee Name/ID Number & Past Gift Amount

UNITED WAY Siouxland

Phone: 712-255-3551 FAX: 712-255-3028 email: campaign@unitedwaysiouxland.com

STEP 1 Name and Address *PLEASE PRINT* — ***United Way will not share your information.***

Name _____ Employer _____

Home Address _____ City _____ State ____ Zip _____

Email _____ Phone _____
___ Cell ___ Work ___ Home

STEP 2 Gift

☐ **Payroll Deduction**

Amount Per Pay Period: ☐ $25 ☐ $20 ☐ $15 ☐ $10 ☐ $5 ☐ $3 $_____ Other Amount Per Pay Period

Number of Pay Periods: ☐ 12 ☐ 24 ☐ 26 ☐ 52 ☐ One-Time Pledge

$_____ Total Pledge

Total Pledge=Amount Per Pay Period X Number of Pay Periods

☐ **Cash / Check Enclosed** $_____ Check #_____

☐ **Bill Me at Home ($50 min.)** for $_____ ☐ once ☐ quarterly ☐ monthly
(Beginning January or specify date) ____/____/_____(Include home address above)

☐ **Credit or Debit Card** go to: unitedwaysiouxland.com/donate ☐ **Gifts of Stock or Property** (Contact United Way: 712-255-3551)
Please include employer name in memo, if applicable.

STEP 3 SIGNATURE _____ **Date** _____

OPTIONAL Leadership Recognition

United Way recognizes leaders at the following levels.
If your partner gives separately, you may combine gifts.
- ☐ Caring Society.....$500-$999
- ☐ Garretson Society.....$1,000-$2,499
- ☐ Garretson Society Silver.....$2,500-$4,999
- ☐ Garretson Society Gold.....$5,000-$9,999
- ☐ Tocqueville Society.....$10,000+

For a **combined gift** please provide the following:
Partner's Name_____
Workplace_____
Total amount of gift $_____
Name listing for recognition _____
_____
☐ I prefer to be Anonymous.

OPTIONAL Invest my gift in the area I care most about:
(Designations must be a minimum of $50 each)
$_____ Individuals access mental health and addiction resources.
$_____ Adult learners become more employable and independent in the community.
$_____ Individuals engage in behaviors that improve their health or safety.
$_____ Families access quality childcare and early learning opportunities.
$_____ Youth demonstrate grade-appropriate school readiness academically, socially, and emotionally.
$_____ Imagination Library

Designations must be a minimum of $50 each

To designate to a specific program, enter the name and amount below. To view a list of funded programs, see the back of this form.
Only Designations to United Way of Siouxland Funded Programs Will Be Honored. *(Designations made after January 31 will be added to the Community Impact Fund)*

Program Name: _____ Amount: $_____ **(minimum $50)**

Program Name: _____ Amount: $_____ **(minimum $50)**

☐ Check if you **DO NOT** want your name released to programs

1.Contact information is important for United Way so we can make sure to recognize people for their giving.

2.The Pledge Amount clearly stated ensures that payroll deductions are correct. Let everyone know how many pay periods they have as some may be different than others. The total pledge equals their total gift. I.E. If I choose to give $5 per paycheck and I get paid 26 times per year my total pledge amount is $130.

3.Signature acknowledges that the employee agrees to pay their pledge. Your payroll department will require a signature.

4.Leadership Recognition lets United Way recognize individuals for their generosity.

OPTIONAL: Designations
This section is NOT REQUIRED and used only if someone chooses to designate their gift.

Did you remember to give copies of pledge forms to the payroll department?