Pledge Form
2022-2023 Campaign

Type of Pledge: ___**Corporate** ___**Employee** ___**Retiree**
___**Individual** ___**Women United**

Name_____

Company_____

Address_____

City_____State_____Zip Code_____

Phone_____ Cell___ Work___ Home___

E-Mail_____

If retiree, should we credit to a specific company: _____

Pledge Information

Amount $_____ ❑ I prefer to remain anonymous

Combined Giver with (name)_____

Payment Options

☐ Payment Enclosed Check # _____ Check Date _____ Cash_____

☐ Bill me at Above Address ____Annually ____Quarterly ____Monthly

For Credit Card Payments, visit www.unitedwaysiouxland.com/Donate

Signature _____**Date**_____

Three Easy Ways to Complete your Pledge:
*Mail to 701 Steuben St. Sioux City, IA 51101
*FAX to (712) 255-3028
*Email this form to: campaign@unitedwaysiouxland.com

Thank you for your investment in our community!

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call (712)255-1525.

For Office Use Only:

Individual Account # _____ Organization Account # _____

___Verbal: Spoke to _____