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 child care 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

UNITED IS THE WAY

We Thrive

UNITED WAY COMMUNITY GOALS	$5 A WEEK ($260/ YR) CONTRIBUTION IMPACT
MENTAL HEALTH & ADDICTION RECOVERY	Provides a **mental health evaluation** for someone without access to care.
ADULT LEARNING & INDEPENDENCE	Provides **10-hours of career training to help two people** build skills for a better future.
HEALTH & SAFETY	Provides **four nights of safe shelter** for a mother and her three children escaping violence.
CHILD CARE & EARLY LEARNING	Provides a **one-week child care scholarship**, helping a family navigate an unexpected emergency.
YOUTH EDUCATION & SCHOOL SUCCESS	Provides **84 books–one each month for seven children**–to build strong reading skills.

Scan to see Siouxland funded programs:

Or visit:
unitedwaysiouxland.com/funded-programs

Donate $100+ and receive a **Giving Card** good for **discounts at 30+ local businesses**

IMPACT GIFT CALCULATOR

Gift Per Paycheck	# of Pay Periods			
	12	24	26	52
$1	$12	$24	$26	$52
$2	$24	$48	$52	$104
$3	$36	$72	$78	$156
$4	$48	$96	$104	$208
$5	$60	$120	$130	$260
$6	$72	$144	$156	$312
$7	$84	$168	$182	$364
$8	$96	$192	$208	$416
$9	$108	$216	$234	$468
$10	$120	$240	$260	$520
$11	$132	$264	$286	$572
$12	$144	$288	$312	$624
$13	$156	$312	$338	$676
$14	$168	$336	$364	$728
$15	$180	$360	$390	$780
$16	$192	$384	$416	$832
$17	$204	$408	$442	$884
$18	$216	$432	$468	$936
$19	$228	$456	$494	$988
$20	$240	$480	$520	$1,040
$25	$300	$600	$650	$1,300

Remember United Way in your estate plans. Learn more at: unitedwaysiouxland.com/endowment

When providing a check as payment, you authorize United Way of Siouxland to either 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 712.255.3551. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.