

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 DeductionAmount Per Pay Period: ☐ \$25 ☐ \$20 ☐ \$15 ☐ \$10 ☐ \$5 ☐ \$3 \$ _____ Other Amount Per Pay PeriodNumber of Pay Periods: ☐ 12 ☐ 24 ☐ 26 ☐ 52 ☐ One-Time Pledge☐ Cash / Check Enclosed \$ _____ Check # _____\$ _____ **Total Pledge**☐ Bill Me at Home (\$50 min.) for \$ _____ ☐ once ☐ quarterly ☐ monthly
(Beginning January or specify date) ____/____/____ (Include home address above)

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

☐ Credit or Debit Card go to: unitedwaysiouxland.com/donate

Please include employer name in memo, if applicable.

☐ Gifts of Stock or Property (Contact United Way: 712-255-3551)**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.