

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

Cash / Check Enclosed \$ _____ Check # _____

\$ _____ Total Pledge

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

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
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 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

Our Story

In the heart of Siouxland, United Way has embarked on a journey to truly understand the pulse of our community. We delved deep, listening to voices often unheard, to uncover the biggest needs echoing through our streets.

Armed with this knowledge, United Way is forging a new path, aligning our mission with the need for help. Our goals speak directly to the people of Siouxland.

Safer, stronger community. Promoting healthy habits and providing support services, building a community where safety and well-being thrive.

Together we raise the future. Investing in quality childcare and early learning, United Way is ensuring more children have a chance to soar from kindergarten readiness and beyond.

Opportunities for those who seek it. United Way is championing adult learners, empowering them with skills for employability and independence.

Recovery for all who need it. We're tearing down walls and ensuring access to vital mental health and addiction resources.

Young minds prepared. With a focus on academic, social, and emotional readiness, we're nurturing the next generation, breaking down barriers to success.

United Way isn't just adapting to change; we're driving it. Our funding process is more than a strategy—it's a commitment to transforming lives, one story at a time.

Together, with your help, we possess the ability to transform the destinies of lives, young and old, igniting hope and resilience across Siouxland.

What's your story?

Share your story with us at email: campaign@unitedwaysiouxland.com

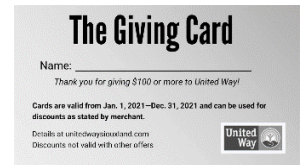
Scan to view funded programs:



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

Continue your story by remembering 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.