

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

# LIVE UNITED®

## Cedar Valley United Way Pledge Form



Cedar Valley United Way

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Follow us and LIVE UNITED on Facebook, Twitter and Pinterest.



Local businesses want to thank you for supporting Cedar Valley United Way by offering discounts when you donate \$150 annually and provide your home address for Caring Club® card delivery.



Need help? Call 2-1-1 and get the answers you need. This 3-digit number can connect you to human services available here in the Cedar Valley.

### 1. My Information. Please print and sign. Your information, including email, is never shared.

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

STATE ZIP HOME PHONE/CELL PHONE (Please circle) WORK PHONE BIRTH DATE (Month/Day/Year)

COMPANY NAME PREFERRED EMAIL ADDRESS (Help us be green by providing your email)

SPOUSE/PARTNER SPOUSE'S/PARTNER'S EMPLOYER

### 2. My United Way Investment. Please select method of contribution.

**Payroll Deduction**  
Your final check stub for the year is your receipt.  
\$ \_\_\_\_\_ per pay period X # \_\_\_\_\_ pay periods =  
Total \$ \_\_\_\_\_

**Bank Card**  
 Visa  Mastercard  Discover  
Card #: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_ CVC Code: \_\_\_\_\_  
 One Time  Quarterly  Monthly  
Total \$ \_\_\_\_\_

**Cash Gift**  
Receipts are mailed in January for amounts over \$250.  
Cash \$ \_\_\_\_\_  
Check \$ \_\_\_\_\_ Check # \_\_\_\_\_  
(payable to Cedar Valley United Way)  
Total \$ \_\_\_\_\_

**Bill Me**  
Home address required (include in Section 1)  
 One Time  Quarterly  Monthly  
Total \$ \_\_\_\_\_

### 3. More About Me. Please identify me in the following ways (check all that apply).

**Cedar Society for Leadership Giving**  
My gift of \$1,000 or more qualifies me.

**Emerging Leader's Society**  
My gift of \$500 or more AND my age of 40 or younger qualifies me.

**Women's Philanthropy Connection**  
My role as a woman in the Cedar Valley AND my gift of \$1,000 or more OR my gift of \$500 or more AND my age of 40 or younger qualifies me for membership.

I would like to learn more about my membership options. Please contact me using the email information I have provided at the top of this form.

I prefer that my gift remain anonymous.

Please list my/our name(s) as follows for recognition: \_\_\_\_\_

### 4. My Signature. Required for processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your contribution is fully tax deductible. No goods or services were provided in exchange for this contribution. We comply with the United States Patriot Act.

### Directed Gift. Optional. To minimize processing costs we request directed gifts of \$50 or more.

**Community Impact.** Please direct my investment toward the following area.  
\$ \_\_\_\_\_ Education \$ \_\_\_\_\_ Income \$ \_\_\_\_\_ Health \$ \_\_\_\_\_ United Way Endowment

**Specific Non-Profit Agency.** Directed gifts to specific 501(c)3 agencies are not reviewed or held accountable for results by United Way. By not directing your donation, your contribution automatically goes toward the Community Impact Fund which produces measurable results that strengthen our community. Each directed gift must be at least \$50. Cedar Valley United Way keeps a small portion of each directed gift to cover administrative costs and pledge loss as determined annually by its Board of Directors. Your information will be released to agencies to which you direct funds.

Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_ Directed Amount: \$ \_\_\_\_\_

THANK YOU FOR GIVING TO CEDAR VALLEY UNITED WAY. YOU ARE LIVING UNITED AND HELPING MAKE A DIFFERENCE IN OUR COMMUNITY.