

CEDAR VALLEY UNITED WAY PLEDGE FORM

To live better, we must Live United.



425 Cedar Street, Suite 300
Waterloo, IA 50701

United Way fights for
the health, education,
and financial stability of
every person in
our community.

CEDARVALLEYUNITEDWAY.ORG

» 1. MY INFORMATION Please print clearly.

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (billing address must be listed here if donating using credit/debit card)		CITY	STATE ZIP
HOME PHONE/CELL PHONE (please circle)		WORK PHONE	BIRTH DATE (mm/dd/yyyy)
COMPANY NAME		PREFERRED EMAIL ADDRESS	
SPOUSE/PARTNER NAME		SPOUSE/PARTNER EMPLOYER	

» 2. MY UNITED WAY INVESTMENT Select how you will contribute.

☐ A. Payroll Deduction

\$_____ per pay period X #_____ pay periods =

Total \$ _____

Your final check stub for the year is your receipt.

☐ B. Credit/Debit Card

☐ Visa ☐ Mastercard ☐ Discover

Card #: _____

Expiration date: ____/____ CVC Code: _____

☐ One Time ☐ Quarterly ☐ Monthly

Total \$ _____

☐ C. Cash Gift

Cash \$: _____

Check \$: _____ Check #: _____
(payable to Cedar Valley United Way)

Total \$ _____

Receipts are mailed in January for amounts over \$250.

☐ D. Bill Me

☐ One Time ☐ Quarterly ☐ Monthly

Total \$ _____

Home address required in the 'My Information' section above.

**PLEASE
CONSIDER SUPPORTING
CEDAR VALLEY UNITED WAY
FOR THE NEXT 100 YEARS BY
MAKING AN ADDITIONAL \$100 DONATION.**
(That's only an extra \$3.85 per pay
period if you get paid 26 times per
year or an extra \$1.93 per
pay period if you get
paid 52 times
per year!)

» 3. LEADERSHIP GIFT RECOGNITION Select how you would like to be identified. (check all that apply)

☐ Cedar Society

My gift of \$1,000+ qualifies me.

☐ Women United

My role as a woman in the Cedar Valley AND my gift of \$1,000+
OR my gift of \$500+ AND my age of 40 or younger qualifies me.

☐ Emerging Leaders

My gift of \$500+ AND my age of 40 or younger qualifies me.
Birth date required in the 'My Information' section above.

☐ Caring Club*

My gift of \$150+ qualifies me. (* must include current mailing address.)

Please list my/our name(s) as follows: _____

☐ I would like information on legacy giving.

☐ I prefer my gift remain anonymous.



Local businesses
recognize gifts of \$150+
to Cedar Valley United
Way with discounts. Home
address is needed for
Caring Club® card mailing.

» 4. MY SIGNATURE Confirm your pledge. (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.

OPTIONAL DIRECTED GIFT Directed amount must be \$50+ to minimize processing costs.

Community Impact: Please direct my investment toward the following area.

\$_____ Health \$_____ Education \$_____ Financial Stability \$_____ United Way Endowment

Specific Nonprofit 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. 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: \$_____



Get Connected. Get Help.™

United Way 2-1-1 is a free,
confidential information
and referral resource for
resources such as rent,
food, utility assistance
and more. Help starts
here—24 hours a day, 7
days a week.

• **Call 2-1-1 (LANDLINE) or
1-866-469-2211 (ANY
PHONE)**

• **Text your zip code to
898211**

• **Visit 211iowa.org**