

Cedar Valley UNITED WAY PLEDGE FORM

425 Cedar Street, Suite 300 Waterloo, IA 50701

> Uniting our community to empower individuals and families to thrive.

CEDARVALLEYUNITEDWAY.ORG

OME ADDRESS (billing address must be fisted here if dounting using credit/debit card) OME PHONE/CELL PRONE please circle WORK PHONE PREFERED EMAIL ADDRESS PROUSE/PARTINER NAME PROSE/PARTINER NAME Payroll Deduction S per pay period X = pay periods = Payroll Deduction Total S Check #s One Time Quarterly Monthly Cash Gift Cash S Check #s (heave to calcular Usiley Under Usiley U	1R/MRS/MS/DR	FIRST NAME	MI		LAST NAME
ONPANYNAME PREFERRED EMAIL ADDRESS MY UNITED WAY INVESTMENT Select how you will contribute. Payroll Deduction S	OME ADDRESS (billing addre	ess must be listed here if donating usi	ng credit/debit card)	CITY	STATE ZIP
MY UNITED WAY INVESTMENT Select how you will contribute. Payroll Deduction S	OME PHONE/CELL PHONE ((please circle)	WORK PHONE		BIRTH DATE (mm/dd/yyyy)
Payroll Deduction S per pay period X # pay periods = Payroll Deduction Total \$ Visa Mastercard Discover Card # Expiration date: / CVC Code: One Time Quarterly Monthly Credit Card Total \$ Visa Mastercard Discover Card # Expiration date: / CVC Code: One Time Quarterly Monthly Credit Card Total \$ Visa Nature / CVC Code: One Time Quarterly Monthly Credit Card Total \$ Visa Nature / Code One Time Quarterly Monthly Bill Me Total \$ Visa Nature / Visa Visa Nature / Visa Nature / Visa Nature / Visa Nature / Visa / Normalized / Nature / Visa / Normalized / Nature / Visa / Normalized / / Normalized / / Normalized / / / Normalized / / / / / Normalized / / / / / / / / / / /	OMPANY NAME		PRE	FERRED EMAIL ADDRESS	
Payroll Deduction S per pay period X # pay periods =	POUSE/PARTNER NAME		SPO	USE/PARTNER EMPLOYER	
\$	MY UNITED WAY	INVESTMENT Select ho	ow you will contribute.		
Cedar Society y gift of \$1,000+ qualifies me. Please list my/our name(s) as follows:	\$pe Payroll De (Your final chee) Cash Gift Cash \$: (payable to Cec Cash Gift	er pay period X # pay eduction Total \$ ck stub for the year is your receipt.) Check #: dar Valley United Way) Total \$		Card #: Expiration Or Credit C	Mastercard Discover date:/ CVC Code: ne Time Quarterly Monthly fard Total \$ De Time Quarterly Monthly Total \$
Please list my/our name(s) as follows: Women United	LEADERSHIP GIF	TRECOGNITION Select	: how you would like to be	identified. (check all tha	at apply)
The profession of \$500+ AND my age of 40 or younger qualifies me. I would like information on legacy giving. I would like information on legacy giving. I would like information on legacy giving. I prefer my gift remain anonymous. I p		es me.	PI	ease list my/our na	ame(s) as follows:
OPTIONAL* DIRECTED GIFT Directed amount must be \$50+ to minimize processing costs. Community Impact: Please direct my investment toward the following area(s): Health: \$	My role as a woman in the DR my gift of \$500+ AND Emerging Leade	O my age of 40 or younger quali rs	fies me.		
pecific 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 onation, your contribution automatically goes toward the Community Impact Fund which produces measurable results that strengthen our community. Ceda falley 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, our information will be released to agencies to which you direct funds. Gency Name: Agency Address: Agency Address:	irth date required in the 'My In	nformation' section above.		ocessing costs.	
pecific 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 lonation, your contribution automatically goes toward the Community Impact Fund which produces measurable results that strengthen our community. Ceda falley 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. four information will be released to agencies to which you direct funds. Sugency Name:		,	3	United Way End	owment: ¢
	pecific Nonprofit Agen lonation, your contribut alley United Way keep	cy: Directed gifts to specific 50 ion automatically goes toward is a small portion of each direc	1(c)3 agencies are not review the Community Impact Fun ted gift to cover administrati	ved or held accountable d which produces mea	e for results by United Way. By not directing your usurable results that strengthen our community. Ceda
gency Phone: Directed Amount: \$.gency Name:		Agency Address:		
	gency Phone:		Directed Amount:	\$	

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.