



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](http://CEDARVALLEYUNITEDWAY.ORG)

## » 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	

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

### ☐ Payroll Deduction

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

**Payroll Deduction Total \$** \_\_\_\_\_

(Your final check stub for the year is your receipt.)

### ☐ Cash Gift

Cash \$: \_\_\_\_\_

Check \$: \_\_\_\_\_ Check #: \_\_\_\_\_

(payable to Cedar Valley United Way)

**Cash Gift Total \$** \_\_\_\_\_

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

### ☐ Credit/Debit Card

☐ Visa ☐ Mastercard ☐ Discover

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ CVC Code: \_\_\_\_\_

☐ One Time ☐ Quarterly ☐ Monthly

**Credit Card Total \$** \_\_\_\_\_

### ☐ Bill Me

☐ One Time ☐ Quarterly ☐ Monthly

**Bill Me Total \$** \_\_\_\_\_

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

## » 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.

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

\_\_\_\_\_

☐ I would like information on legacy giving.

☐ I prefer my gift remain anonymous.

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

**Community Impact:** Please direct my investment toward the following area(s):

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: \$ \_\_\_\_\_

## » 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.