CEDAR VALLEY UNITED WAY PLEDGE FORM

To live better, we must Live United.

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 SPOUSE'S/PARTNER'S EMPLOYER

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

☐ Payroll Deduction

$_____ per pay period X #_____ pay periods =

Total $_____

Your final check stub for the year is your receipt.

☐ Cash Gift

Cash $:_____

Check $:_____ Check #:_____

(payable to Cedar Valley United Way)

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

Total $_____

☐ Bill Me

☐ One Time ☐ Quarterly ☐ Monthly

Total $_____

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

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.

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

_____

☐ I would like information on legacy giving.

☐ I prefer my gift remain anonymous.

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: $_____

Once form is completed and filled out, please click here to submit.

Cedar Valley United Way

425 Cedar Street, Suite 300
Waterloo, IA 50701

#CVUNITES

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

CEDARVALLEYUNITEDWAY.ORG

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

2·1·1

United Way 2-1-1 is a free, confidential information and referral resource. Help starts here—24 hours a day, 7 days a week. Visit 211iowa.org to learn more.