

# CEDAR VALLEY UNITED WAY PLEDGE FORM

To live better, we must Live United.



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](http://CEDARVALLEYUNITEDWAY.ORG)

## 1. MY INFORMATION *Please print clearly.*

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME		
HOME ADDRESS ( <i>billing address must be listed here if donating using credit/debit card</i> )			CITY	STATE	ZIP
HOME PHONE/CELL PHONE ( <i>please circle</i> )		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.*

<input type="checkbox"/> Payroll Deduction \$_____ per pay period X #_____ pay periods = <b>Total \$</b> _____ <i>Your final check stub for the year is your receipt.</i>	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Card #: _____ Expiration date: ____/____ CVC Code: _____ <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <b>Total \$</b> _____
<input type="checkbox"/> Cash Gift Cash \$: _____ Check \$: _____ Check #: _____ <i>(payable to Cedar Valley United Way)</i> <b>Total \$</b> _____ <i>Receipts are mailed in January for amounts over \$250.</i>	<input type="checkbox"/> Bill Me <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <b>Total \$</b> _____ <i>Home address required in the 'My Information' section above.</i>

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

<input type="checkbox"/> Cedar Society <i>My gift of \$1,000+ qualifies me.</i>	<input type="checkbox"/> Caring Club <i>My gift of \$150+ qualifies me.</i>
<input type="checkbox"/> Women United <i>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.</i>	Please list my/our name(s) as follows: _____
<input type="checkbox"/> Emerging Leaders <i>My gift of \$500+ AND my age of 40 or younger qualifies me. Birth date required in the 'My Information' section above.</i>	<input type="checkbox"/> I would like information on legacy giving. <input type="checkbox"/> I prefer my gift remain anonymous.

## 4. MY SIGNATURE *Confirm your pledge. (required for processing)*

Signature: _____	Date: _____
<i>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.</i>	

## 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.



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



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](http://211iowa.org) to learn more.