

United Way of Central Iowa Commitment Form

TELL US ABOUT YOURSELF

Please print clearly. Your information is kept confidential and will not be sold or shared.

Mr. Mrs. Ms. Dr. First name _____ MI _____ Last name _____ Suffix _____

Preferred name (if different) _____ DOB (MM/DD/YYYY) _____ Gender: Male Female

Home address _____ City _____ State _____ ZIP _____

Employer _____ Work phone _____ Mobile phone _____

Work email address _____ Personal email address _____

MAKE YOUR CONTRIBUTION TO UNITED WAY OF CENTRAL IOWA

MY TOTAL CONTRIBUTION FOR THIS YEAR IS:

\$

(required)

Join the Leadership Circle with a contribution of \$1,000 or more.

To join an Affinity Group or designate your investment to our Education, Income or Health focus areas, see the next section.

EASY PAYROLL DEDUCTION

Amount per pay period ☒ Pay periods per year = Total contribution for the year
☐ \$10 ☐ \$25 ☐ \$50 ☐ 12 ☐ 24 ☐ 26 ☐ 52 ☐ Other _____
For your tax records, the IRS requires you to keep a copy of this pledge form along with your payroll receipt, W2 or other employer documents to verify any payroll amount withheld and paid to United Way.

PAYMENT ENCLOSED

☐ Cash ☐ Check (Payable to United Way of Central Iowa)
Amount enclosed: \$ _____ FOR UWCI USE: # _____ date: _____

CREDIT CARD PAYMENT

Charge me: ☐ Once ☐ Monthly ☐ Quarterly ☐ Semi-Annually Starting on ____/____ (MM/YY)
_____ Expiration ____/____ (MM/YY)
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

BILL ME (A home address and minimum of \$50 is required)

☐ Once ☐ Monthly ☐ Quarterly ☐ Semi-Annually Starting on ____/____ (MM/YY)

STOCK/SECURITIES

Please call 515-246-6511 to facilitate transaction.

INTEND TO RECOMMEND

from a Donor-Advised Fund

GIVING HISTORY

Last year's contribution:

\$ _____

☐ My name has changed from last year.

Former name: _____

☐ I have made a contribution or volunteered for United Way for 10 years or more.

Year I began (if known): _____

X

Signature (required)

Date

THANK YOU!

Please double check your entries for accuracy

☐ This is a joint contribution with my spouse/partner. Spouse/partner name _____ Employer _____

Please list us in recognition materials as _____ ☐ I/We wish to remain anonymous in recognition materials.

STRATEGICALLY INVEST YOUR CONTRIBUTION

Join an Affinity Group

Funds directed to WLC, ELI and LINC will be invested before other optional designations.

TOCQUEVILLE SOCIETY

Supports strategies to improve lives through education, income & health.

- ☐ Join with an investment of \$10,000+.
- ☐ Join via the step-up program.

AFFINITY GROUP STEP-UP PROGRAM

	ELI/WLC MEMBER	ELI/WLC LEAD	Tocqueville
Year One	\$500	\$1,500	\$5,000
Year Two	\$750	\$2,000	\$7,500
Year Three	\$1,000	\$2,500	\$10,000

WOMEN'S LEADERSHIP CONNECTION (WLC)

Supports strategies to improve school readiness.

Please direct \$ _____ to WLC.

- ☐ Join as a member with an investment of \$1,000.
- ☐ Join as a Lead Woman with an investment of \$2,500.
- ☐ Join as a WLC Woman of Tocqueville with an investment of \$10,000.
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EDUCATION LEADERSHIP INITIATIVE (ELI)

Supports strategies to ensure youth succeed in school.

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LINC (LEAD, IMPACT, NETWORK, CHANGE)

United Way LINC harnesses the power of those age 30 and under to help United Way of Central Iowa fight for the health, financial stability and education of all central Iowans.

- ☐ Join with an investment of \$250+. (Must be 30 or younger.)

BENEFITS & RECOGNITION

Members of affinity groups will be recognized online and in local media. Each group offers special events and volunteer opportunities for members, and regular communications about the results of your investment to United Way.

Direct your contribution (optional)

I would like to direct all or part of my contribution to United Way's focus areas:

\$

EDUCATION

\$

INCOME

\$

HEALTH

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Version 16.3

WHITE COPY: United Way of Central Iowa

PINK COPY: Employer

YELLOW COPY: Donor

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LIVE UNITED®

Your United Way contributions help our community reach bold Goals for 2020 in Education, Income (Financial Stability) and Health, the building blocks to a good quality of life:



Increase the percentage of Central Iowa students who graduate from high school to 95%.



Increase the percentage of Central Iowans who are financially self-sufficient to 75%.



Increase the Central Iowa Health Index Score to 64.5.

Learn more at www.unitedwaydm.org

Our commitment to you

United Way of Central Iowa will not sell, rent or lend your information and does not provide goods or services as whole or in partial consideration for any contribution.