## **United Way of Central Iowa Commitment Form**

TELL US ABOUT YOURSELF Please print clearly and fill out each section. Your information is kept confidential and will not be sold.

1	TELL US ABOUT YOURSELF	lease print clear	ly and fill out each	section. Your information is k	ept confidential a	and will not be sold.			
1	Mr. Mrs. Ms. Dr. First Name	MI	Last Name		Suffix				
	Preferred Name ( <i>if different</i> ) Former Name ( <i>I</i>			has changed)	DOB (MM/DD	Female Male			
	Home Address		City		State ZIP				
	Employer		Work Phone Mobile Phone						
		k Email		Personal Email					
9	<b>TOTAL CONTRIBUTION</b> 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 section 4.								
4	<b>My total contribution for the year:</b> (required to process pledge)	This is a joint contribution. Spouse/Partner N			ame				
	Lact year's contribution: (ontional)		Spouse/Partner Employer	I/We wish to remain anonymous in					
	Last year's contribution:   (optional)			Please list us in recognition materials as recognition materials.					
-	PAYMENT OPTIONS								
J	Easy Payroll Deduction	🗆 🗆 Cre	edit Card Payme	ent		Payment Enclosed			
	Amount per pay period:       Pay periods per yea         \$10       \$50       12       26         \$25       \$100       24       52         Other \$       Other       Other	Online       Make a one-time payment online at give2uwci.org         (MM/DD/YY)       Starting on (MM/DD/YY)         Starting on (MM/DD/YY)       Starting on (MM/DD/YY)         guency:       Once       Monthly       Quarterly       Semi-Annually         d Type:       Visa       Mastercard       Discover       American Express         Number       Exp (MM/YY)			Cash Check (Payable to United Way of Central Iowa)				
	Stocks/Securities	Me (A home address and minimum of \$50 is required.)							
	Please call <b>515-246-6511</b> to facilitate the transaction.	Monthly Quarterly Semi-Annually Starting on (MM/YY)			From a Donor-Advised Fund				
	Thank you for your contributio	ure			Date				
	STRATEGICALLY INVEST YOUR CONTRIBUTION Funds directed to LINC, ELI, and WU will be invested before other optional designations.								
4	JOIN AN AFFINITY GROUP       Members of Affinity Groups will be recognized online or in local media. Each group offers special events, volunteer opportunities for members, and regular communications about the results of your investment in United Way.       STEP-UP PROGRAM       Year 1 2 3       ELI/WU Member \$5,000 \$7,500 \$2,000       Tocqueville \$5,000 \$7,500 \$2,000								
Version 18.1 TOP COPY: United Way of Central Iowa YELLOW COPY: Employer PINK COPY: Donor	Supports essential needs programs, Sup	l (Education Leader opports strategies t oth succeed in sch	to ensure	<b>Women United (Formerly known as WLC)</b> Supports strategies to improve school readiness.		<b>Tocqueville Society</b> Supports strategies to improve lives through Education, Income, & Health.			
	Join with an investment of \$250+	ease direct \$ N AS: Member (\$1,000) Lead Member (\$2		Please direct \$ to WU.         JOIN AS:         Member (\$1,000)         Lead Woman (\$2,500)		<ul> <li>Join with an investment of \$10,000+ per household</li> <li>Join via the Step-up Program (starting at \$5,000)</li> </ul>			
	LINC membership is for young professionals age 30 and younger. However, all gifts are welcome.	ELI Tocqueville S <b>Step-up Program</b> (starting at \$500)	ociety (\$10,000) n Member	y (\$10,000) Uwman of Tocqueville (\$10,000)					
	<b>Direct your contribution</b> Funds directed will be invested optional design	<b>Designate to a specific agency</b> \$50 minimum donation. An administrative fee will be deducted.							
	I would like to direct all or part of my contribution to United Way's	Please direct \$ to (specific agency)       Do not release         Please direct \$ to (specific agency)       Do not release         Designations below \$50 will be applied to United Way's priorities in Education, Income,       Do not release							
Vers	focus areas: Health \$	and Health. For more information, please visit united way's promises in Education, income,							

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Mr. Mrs. Ms. Dr. First Name			MI	Last Name			Suffix	
Preferred Name (if different)	Former Name (My name has changed) DOI		DOB (MM/DD	M/DD/YYYY)				
Home Address				City		State ZIP		
Employer				Work Phone	Mc	bile Phone		
l am a union member. Local	Work Em	ail		Persona	al Email			
TOTAL CONTRIBUTI				on of \$1,000 or more.		6	- 4	
		nnity Group	or designate your in	nvestment to our Education, In	come, or Health	locus areas, see secuo	14.	
My total contribution for (required to process ple					ouse/Partner Na	me		
		Spouse/Partner Employer				I/We wish to remain		
Last year's contribution:	(optional) \$			Please list us in recognition	materials as	anonymous recognition		
<b>PAYMENT OPTIONS</b>	1 )							
Easy Payroll Deduction		🗆 Cre	dit Card Payme	nt		🗆 Payment Enc	losed	
Amount per pay period: Pa	ay periods per year: ] 12		Paid Online     (MM/DD/YY)     Make a one-time payment     online at give2uwci.org			Cash	o United	
	\$25 \$100 24 52			Pay By Form (If not paid online)			ntral Iowa)	
Other \$ For your tax records, the IRS requi	Frequency:       Once       Monthly       Quarterly       Semi-Annually         Card Type:       Visa       Mastercard       Discover       American Express			\$ Amount Enclosed				
a copy of this pledge form along v receipt, W2, or other employer doc any payroll amount withheld and p	#         Exp (MM/YY)			FOR UWCI USE: # DATE:				
Stocks/Securities	<b>Bill Me</b> (A home address and minimum of \$50 is required.)			Intend to Recommend				
Please call <b>515-246-6511</b> to facilitate the transaction.			nce Monthly Quarterly Semi-Annually Starting on (MM/YY)			From a Donor-Advised Fund		
Thank you for your contribution! Signature				Date				
STRATEGICALLY IN	עבכד עחוום נ			directed to LINC, ELI, and WU			esignations	
						ELI/WU ELI/WU	-	
AFFINITY GROUP		events, volu bout the res	Inteer opportunities sults of your investi	ment in United Way.	PROGRAM	ear         Member         Lead           1         \$500         \$1,500           2         \$750         \$2,000           3         \$1,000         \$2,500	<b>Tocqueville</b> \$5,000 \$7,500 \$10,000	
LINC (Lead. Impact. Network. Cha Supports essential needs program such as shelter and food security.	ns, Support	ucation Leado s strategies t ucceed in sch		Women United (Formerly Supports strategies to improve school readiness.		<b>Tocqueville Socie</b> Supports strategies to ir through Education, Incol	nprove lives	
Please direct \$to		ect \$ to ELI. Please direct \$ to WU.			Join with an investment of \$10,000+ per household			
Join with an investment of \$2	ber (\$1,000)		Member (\$1,000)		Join via the Step-up Program			
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Direct your contribution	Funds directed to th will be invested before optional designation	ore other	Designate to a	specific agency \$50 min	mum donation. A	n administrative fee will be	e deducted.	
I would like to Educatior	n \$	_	Please direct \$ to (specific ag				Do not release	
my contribution Income to United Way's	bution Income \$		—			to a	my information _ to these agencies.	
focus areas: Health				Designations below \$50 will be applied to United Way's priorities in Education, Income, and Health. For more information, please visit unitedwaydm.org/donor-directed.				

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My total contribution for (required to process ple					ouse/Partner Na	me		
		Spouse/Partner Employer				I/We wish to remain		
Last year's contribution:	(optional) \$			Please list us in recognition	materials as	anonymous recognition		
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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 of a quality life:



Increase the percentage of central lowa students who graduate from high school to 95%.



Increase the percentage of central lowans who are financially self-sufficient to 75%.



Increase the central Iowa Gallup-Sharecare Well-Being Index Score to 64.5.

Learn more at www.unitedwaydm.org

#### Our commitment to you

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

See our Privacy Policy at *www.unitedwaydm.org/privacy-policy* 



United Way of Central Iowa 1111 Ninth Street Suite 100 Des Moines, Iowa 50314 515-246-6500

