


# HOW TO FILL OUT A PLEDGE FORM

We are here to help if you have any questions. 712-255-3551

Employee Name/ID Number & Past Gift Amount

United Way of Siouxland 

Phone: 712-255-3551 FAX: 712-255-3028 email: campaign@unitedwaysiouxland.com

**STEP 1 Name and Address** PLEASE PRINT United Way will not share your information.

Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home

**STEP 2 Gift**

Payroll Deduction

Amount Per Pay Period:  \$25  \$20  \$15  \$10  \$5  \$3 \$\_\_\_\_\_ Other Amount Per Pay Period

Number of Pay Periods:  12  24  26  52  One-Time Pledge

Cash / Check Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

Bill Me at Home (\$50 min.) for \$ \_\_\_\_\_  once  quarterly  monthly  
(Beginning January or specify date) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Include home address above)

Credit or Debit Card go to: [unitedwaysiouxland.com/donate](http://unitedwaysiouxland.com/donate)  Gifts of Stock or Property (Contact United Way: 712-255-3551)  
Please include employer name in memo, if applicable.

**\$ \_\_\_\_\_ Total Pledge**

Total Pledge=Amount Per Pay Period X Number of Pay Periods

**STEP 3 SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL Leadership Recognition**

United Way recognizes leaders at the following levels. If your partner gives separately, you may combine gifts.

<input type="checkbox"/> Caring Society.....\$500-\$999	Partner's Name _____
<input type="checkbox"/> Garretson Society.....\$1,000-\$2,499	Workplace _____
<input type="checkbox"/> Garretson Society Silver.....\$2,500-\$4,999	Total amount of gift \$ _____
<input type="checkbox"/> Garretson Society Gold.....\$5,000-\$9,999	Name listing for recognition _____
<input type="checkbox"/> Toqueville Society.....\$10,000+	<input type="checkbox"/> I prefer to be Anonymous.

**OPTIONAL Invest my gift in the area I care most about:**  
(Designations must be a minimum of \$50 each)

\$ \_\_\_\_\_ Individuals access mental health and addiction resources.  
 \$ \_\_\_\_\_ Adult learners become more employable and independent in the community.  
 \$ \_\_\_\_\_ Individuals engage in behaviors that improve their health or safety.  
 \$ \_\_\_\_\_ Families access quality childcare and early learning opportunities.  
 \$ \_\_\_\_\_ Youth demonstrate grade-appropriate school readiness academically, socially, and emotionally.  
 \$ \_\_\_\_\_ Imagination Library

Designations must be a minimum of \$50 each

To designate to a specific program, enter the name and amount below. To view a list of funded programs, see the back of this form.  
**Only Designations to United Way of Siouxland Funded Programs Will Be Honored.** (Designations made after January 31 will be added to the Community Impact Fund)

Program Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (minimum \$50)

Program Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (minimum \$50)

Check if you DO NOT want your name released to programs

**1. Contact information** is important for United Way so we can make sure to recognize people for their giving.

**2. The Pledge Amount** clearly stated ensures that payroll deductions are correct. Let everyone know how many pay periods they have as some may be different than others. The total pledge equals their total gift. I.E. If I choose to give \$5 per paycheck and I get paid 26 times per year my total pledge amount is \$130.

**3. Signature** acknowledges that the employee agrees to pay their pledge. Your payroll department will require a signature.

**4. Leadership Recognition** lets United Way recognize individuals for their generosity.

**OPTIONAL: Designations**  
 This section is NOT REQUIRED and used only if someone chooses to designate their gift.



Did you remember to give copies of pledge forms to the payroll department?