

UNITED WAY PLEDGE FORM

PLEASE RETURN PLEDGE FORMS NO LATER THAN NOVEMBER 30TH

218 N 3rd St Ste 217 Bu	ırlington, Iowa 52601 Phone: 3	319.752.7831 Email: office	@unitedwayseia.	org
STEP 1 YOUR INFORM	ATION Please print.			
☐ DR. ☐ MS. ☐ MRS. ☐ MR.				
FIRST NAME	M.I.	LAST NAME		SUFFIX
MAILING ADDRESS	Check if this is a new address		BIRTHDATE	/
CITY			STATE	ZIP
PREFERRED PHONE NUMBER	ne Cell Business			
PREFERRED EMAIL ADDRESS Persona	al Business			
EMPLOYER				

PAYMENT OPTIONS		PAYROLL DEDUCT	ION (Per Pay Perio	od)
□ Personal Check		AMOUNT PER PAYCHECK	# OF PAY PERIODS	TOTAL ANNUAL GIF
□ Cash	14 (P) % (L	□\$1 □\$10 □\$100	<u> </u>	·
	Parison Add	□ \$2 □ \$25 □ \$200	X =	Ś
Credit Card If giving via online QR code platform, please still mail in thing	nis form.	□ \$5 □ \$50 □ Other \$		<u> </u>
☐ Quarterly ☐ Monthly ☐ On	uary, we will invoice you at the add	*		
☐ Quarterly ☐ Monthly ☐ On	nce - (month)	*		
☐ Quarterly ☐ Monthly ☐ On ☐ One-time gift	nce - (month)	*		
□ Quarterly □ Monthly □ On □ One-time gift STEP 3 YOUR SIGN	NATURE			