

PLEDGE FORM

Together, We Make A Difference.



MR/MRS/MS/DR

FIRST NAME

LAST NAME

COMPANY

HOME ADDRESS (for credit card charges, address listed must be your billing address.)

CITY

STATE

ZIP

HOME PHONE

DAYTIME PHONE

EMAIL

Please send me donor updates via email.

PLEASE COMBINE MY GIFT WITH MY SPOUSE:

_____ SPOUSE'S NAME AND EMPLOYER

MY GIFT TO MY COMMUNITY (Choose one of the following ways to give)

CONTRIBUTION

THANK YOU FOR YOUR GENEROUS CONTRIBUTION LAST YEAR IN THE AMOUNT OF \$ _____ or _____ /per quarter

Renew my contribution at a 10% increase.

Renew my contribution at another amount.

Renew my contribution as the same as last year.

Returning contributor that did not give last year.

First-time contributor.

DIRECT GIFT

Bill Me ___ Annually (March) ___ Quarterly

Cash

Personal Check

Online via Paypal

Securities (please call 563.263.5963)

Credit Card: Discover, VISA or Mastercard

_____ Card number

_____ Exp Date

My annual gift \$ _____

MY GIFT OF \$1,000 OR MORE

qualifies me for membership in the Pearl Leadership Society.

Please list my/our name(s) as follows:

I prefer that my gift remain anonymous.

Please include me in Women United
(unitedwaymuscatine.org/womenunited)

IMAGINATION LIBRARY (Give the gift of reading)

In addition to my annual contribution, I would like to provide a child with one book a month for a year at the cost of \$25/year.

Number of children you wish to sponsor _____ x \$25 _____ *

* Please add this amount to my:

Payroll Deduction Total Direct Gift Total

Bill Me Total

MY GIFT TO MY COMMUNITY: \$ _____

IMAGINATION LIBRARY: \$ _____

MY TOTAL PLEDGE: \$ _____

Signature

Date

Please check the accuracy of all your entries. Thanks for investing in United Way of Muscatine. Please keep a copy of this form for your tax records. Pay stubs serve as tax documentation for payroll deductions. Consult your tax advisor for more information.