

# PLEDGE FORM



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 AMOUNT/PREFERENCE**

**EASY PAYROLL DEDUCTION**  
I want to contribute the following amount each pay period:

\$50      I am paid:

\$25       Monthly

\$10       2 Times per month

\$5       Weekly

Other \$ \_\_\_\_\_  Every 2 weeks

**OR**

ONE-TIME payroll deduction

**My annual gift** \$ \_\_\_\_\_

**OR**

**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

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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

<b>MY GIFT TO MY COMMUNITY:</b>	\$		
<b>IMAGINATION LIBRARY:</b>	+	\$	<i>Signature</i>
<b>MY TOTAL PLEDGE:</b>	\$		<i>Date</i>

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.