

# LIVE UNITED®



INVEST IN THE BUILDING BLOCKS FOR A GOOD LIFE.  
**EDUCATION, INCOME AND HEALTH.**

United Way of Wapello County  
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www.wapellocouw.org

## UNITED WAY *Pledge Form*

**REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL**

MR/MRS/MS/DR                      FIRST NAME                      MI                      LAST NAME

HOME ADDRESS                      CITY                      STATE                      ZIP

EMPLOYER/COMPANY                      PHONE: Personal                      Work

Signature (*required to process pledge*)                      DATE                      EMAIL: Personal                      Work

I wish to remain anonymous in recognition materials.

### PLEASE SELECT EASY PAYROLL DEDUCTION OR DIRECT GIFT

#### EASY PAYROLL DEDUCTION

*I want to contribute the following amount each pay period.*

\$50     \$25     \$10     \$5

\_\_\_\_\_ Other amount

\_\_\_\_\_ Pay periods

\_\_\_\_\_ Total gift

**Fair Share** (1 hour of pay per month or .6% of annual income).

**Fair Share Premium** (3 hours of pay per month or 1.7% of annual income).

**Everyday Hero** Just a dollar a day or \$365 for the year.

#### ONE TIME GIFT (Enclosed)

*(make checks payable to United Way of Wapello County)*

Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_

#### PLEASE BILL ME

Total Contribution: \$ \_\_\_\_\_

*(A home address and minimum contribution of \$50 is required).*

One-Time     Monthly

Quarterly

Billing begins Jan. 1 unless otherwise noted.

#### STOCKS/SECURITIES

*For more information on pledging securities call 641-682-1264.*

#### LEADERSHIP RECOGNITION

**MY GIFT OF \$ 10,000 OR MORE** qualifies me for membership in the **TOCQUEVILLE SOCIETY.**

**MY GIFT OF \$ 1,000 OR MORE** qualifies me for membership in the **LIVE UNITED PILLARS.**

**MY GIFT OF \$ \$300 OR MORE** qualifies me for membership as a **COMMUNITY BUILDER**

*This is a joint contribution with my spouse/partner*  
Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_

Please list me/us in recognition materials as: \_\_\_\_\_

For your tax records, the IRS requires you to keep a copy of this pledge form along with your payroll receipt, W2 or other employer documents to verify any payroll amount withheld and paid to United Way.

OPTIONAL: Direct part or all of my donation to the following not-for-profit 501(c)(3) health or human service organization or other United Way:

Please direct \$ \_\_\_\_\_ (\$25 minimum) to specific agency \_\_\_\_\_ or \_\_\_\_\_ (agency name) \_\_\_\_\_ (other United Way) \_\_\_\_\_ (mailing address)

Do not release my name with this donation

*Donor designated pledges or contributions are assessed an administrative fee per United Way Worldwide membership standards. Visit the United Way website for more information.*