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 W Phone

MR/MRS/MS/DR First Name MI Last Name

H
 W Email Employer

Home Address City State Zip

Your United Way Contribution - Thank you for taking action to improve lives. Your donation will support services and initiatives to achieve our community's 2020 Vision Goals for the Common Good, unless otherwise designated by you.

Please Select a Method of Payment

Easy Payroll Deduction January - December 2012
I want to contribute the following per pay period:
 \$50 \$25 \$10 Other \$ _____
Number of pay periods: _____

Cash/Check Attached Amount: \$ _____

Stocks/Securities (please call 319-338-7823 to arrange transfer)

Vacation Donation Consult your HR department for details
One-time paid time off deduction (after taxes)
Hours: _____

Credit Card One-time charge Visa MC
Amount \$ _____ Exp. Date _____
Account # _____

Bank Account Debit 1st of each month Jan - Dec 2012
Debit \$ _____ per month
Bank Routing # _____
Bank Account # _____

Bill Me
 Quarterly One-time Month _____

Signature: _____ **TOTAL ANNUAL CONTRIBUTION \$** _____

Recognition

Tocqueville Society - Annual gift of \$10,000 or more
 Step-up to Tocqueville Society
Year one gift of \$5,000
Year two gift of \$7,500
Year three gift of \$10,000 or more

Leadership Donor
Gifts between \$500 and \$9,999

Women's Leadership Circle
Gift of \$1,000 or more **or**
Gift of \$500 or more and pledge 25 hours of volunteer service

Emerging Leaders Network (ages 20-45)
Gift of \$500 or more **or** gift of \$350 or more and pledge 25 hours of volunteer service. Gifts will be designated to Healthy Kids School-based Clinics unless noted below by donor.

Labor Leaders Society
Gift of \$350 or more and
Union affiliation: _____

Loyal Contributor (25+ years of giving)

Joint Gift—This is a joint gift with my spouse/partner
Name _____
Employer _____

Please list my/our name(s) in the Annual Report as follows:

I/We wish to remain anonymous in recognition materials

Please do not send a thank you letter

Optional - Designations Please note that designations require a \$50 minimum donation.

You may designate a portion of your gift to go specifically to a United Way partner agency or another 501c3 organization.

Please direct \$ _____ to (organization name) _____

Address of organization _____ City _____ State _____ Zip _____

Do you wish your name and address to be released to designated agency for additional recognition? Yes No