

2018-2019
United Way of Dubuque Area Tri-States
Campaign Cabinet Pledge Form



Name: _____
(How you would like to be recognized publically. Include spouse here if you would like.)

Check those that apply:

- Include me as a Leadership Giver. (Individuals or households with a combined gift of \$500+)
- I prefer my gift remain anonymous.

My Giving:

- I give through my employer.** I will be pledging approximately \$_____ through my employer.
- I already gave through my employer.**
- One-time gift. I am providing a one-time gift via cash or check payable to United Way in the amount of \$_____.
- Bill me. Please bill me in the amount of \$_____ in (month) _____.
- Credit Card or Stock Transfer*

*Please contact 563.588.1415 ext. 207 for stock transfers.

VISA MasterCard Discover American Express

Card # _____ Exp. _____

3-Digit: _____ **Signature:** _____

Please return this form to the United Way office by September 1.