



215 W. 6th St.
Dubuque, Iowa 52001
563.588.1415

DBQUnitedWay.org
admin@DBQUnitedWay.org

Employee Pledge Form

Business Name: _____

1. Personal Information

Name (s): _____
(as you prefer to be recognized) ☐ (please combine my gift with my spouse/partner as above)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

☐ I/we prefer our gift remain anonymous. ☐ Union Member Union Name _____

2. Gift Information

Your gift will be used in the **area of greatest need** unless designated to a priority area:
☐ Community Resiliency ☐ Financial Security ☐ Healthy Community ☐ Youth Opportunity

3. Payment Options

A. PAYROLL DEDUCTION

I want to contribute the following amount **EACH** pay period:

☐ \$20 ☐ \$15 ☐ \$10 ☐ \$5 ☐ \$3 ☐ Other \$ _____

My pay period is:

☐ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly OR ☐ Other _____

My total payroll deduction for the year: \$

B. DIRECT GIFT

☐ **CASH/CHECK** enclosed. Made payable to United Way of Dubuque Area Tri-States.

My total cash/check: \$

C. BILL ME

UWDATS will send you a bill that you can pay with check or credit card.

Please bill me in the amount of \$ _____

☐ One-time ☐ Quarterly (4x)

My total Bill Me gift: \$

4. Signature (Required)

X _____

We are truly thankful for your donation!

Thank you for your investment in our community through a gift to United Way. For tax purposes, you will need a copy of your check, pay stub, W-2, or other employer document showing the amount of the payroll deductions withheld and paid to United Way. Consult your tax advisor for more information. United Way of Dubuque Area Tri-States honors the privacy of donors. Financial information about this organization and a copy of our 990 are available on our website at www.DBQUnitedWay.org.