



United Way
of Central Iowa

2023 BROADLAWNS EMPLOYEE GIVING CAMPAIGN GIFT FORM

To complete your gift or pledge, please return this form to the Marketing/Foundation offices.

I would like my gift to support United Way of Central Iowa.

United Way promotes organizations and resources that are focused on improving education, income and health for our community.

I would like my gift to be a (please choose one option):

ONE YEAR PLEDGE (26 pay periods)

I would like to payroll deduct \$ _____ per pay period (minimum \$5 per pay period)
for a total gift of (amount from line above x 26) \$ _____

ONE-TIME GIFT

I would like to payroll deduct \$ _____ as a one-time gift (minimum \$20)

A check or cash is enclosed for \$ _____
Please make checks payable to United Way of Central Iowa.

Designate to: _____

If gift is greater than \$100, you may specify an organization of your choice (optional)

Please note: United Way retains 12% of all gifts greater than \$100. Gifts of \$99 or less are designated to United Way.

DONOR INFORMATION

NAME Please print name exactly as you wish to be recognized

DEPARTMENT

EMAIL ADDRESS

HOME ADDRESS

PHONE

CITY

STATE

ZIP

My signature hereby authorizes Broadlawns Medical Center Foundation/Payroll Department to make these deductions (if applicable) from my paycheck(s) or charge my credit card.

SIGNATURE REQUIRED

DATE

Thank you for supporting the Broadlawns Employee Giving Campaign.