



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.**