

208 W. 2nd St. Suite 201 • P.O. Box 797 • Muscatine, IA 52761  
Phone 263-5963 • Fax 263-8572 • [www.unitedwaymuscatine.org](http://www.unitedwaymuscatine.org)

1.

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_  
(if employed)

2.

Select your method of payment (choose one):

Payroll Deduction	Direct Billing	One Time Pledge
\$ _____ per pay period	Total pledge \$ _____	Total pledge \$ _____
X _____ # of pay periods	Please bill me:	<input type="checkbox"/> Cash <input type="checkbox"/> Check payable to United Way of Muscatine
= _____ total pledge	<input type="checkbox"/> quarterly	Charge: <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard
		Card Number _____
		Exp. Date _____

3.

Please sign and date:

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date

4.

If your gift is \$1000 or more...

...you become a member of our Pearl City Society. Please complete the following:

Please include my name(s) or business name on the membership list

\_\_\_\_\_  
(Print name(s) as you would like it to appear)

Please combine my gift with my spouse's

\_\_\_\_\_  
(Spouse's name and employer)

I'd like my gift to remain anonymous. Please don't publish my name.

**Thank you for supporting United Way of Muscatine!**