



United Way of Muscatine Pledge Card

Name _____ Company _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____

Payroll Deduction

\$ _____ Per Pay Period
 X _____ # of Pay Periods
 = _____ Annual Amount

Pay Now

\$ _____ Total Amount
 _____ Check _____ Cash
 (Please Select One)

Direct Billing

\$ _____ Total Pledge
 \$ _____ Paid Now
 \$ _____ Balance
 __ Monthly __ Quarterly __ Annually

P.O. Box 797, 119 W. Mississippi Drive, Muscatine, IA 52761 (563) 263-5963

Thank You for Helping United Way