



Employee #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

You can also donate to Allen Foundation by visiting unitypoint.org/waterloo/foundation.

UnityPoint Health – Allen Foundation

PAYROLL DEDUCTION (PRN employees are not eligible for this method)

- Per pay period \$_____ 1 yr 2 yrs 3 yrs
Check out the giving table on the flip side.
- One-time payroll deduction \$_____ (Jan 2019)

ONE-TIME GIFT

- Earned time deduction: _____ hours (deducted Jan 2019)
- I want to join the One Hour Club:
Please deduct _____ hours per pay period (Starting Jan 2019)



- Check: \$_____ enclosed payable to Allen Foundation
- Credit Card: one-time charge \$_____ monthly charge \$_____ (Jan-Dec 2019)
- Visa Mastercard Discover American Express
- Account no. _____
- Exp date _____ 3 digit sec. code _____

GIFT DESIGNATION - Choose up to a maximum of two:

- | | |
|--|--|
| <input type="checkbox"/> For Allen For You:
Area of greatest need | <input type="checkbox"/> IMPACT Allen Hospital |
| <input type="checkbox"/> For Allen For You:
OB/NICU/Peds | <input type="checkbox"/> IMPACT Allen College |
| <input type="checkbox"/> For Allen For You:
Prairie Parkway | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> For Allen For You: Area of
greatest need - Allen College | <input type="checkbox"/> Employee Assistance |
| <input type="checkbox"/> For Allen For You:
Endowed scholarships | <input type="checkbox"/> Other: _____ |
- Additional gift designations on website*

MATCHING GIFT - My spouse works for a matching gift company.

Company name: _____

GIFT GIVEN IN memory of: honor of:

Please send acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

United Way

PAYROLL DEDUCTION (PRN employees are not eligible for this method)

- Per pay period \$_____ (26 per year)
Check out the giving table on the flip side.
- One-time payroll deduction \$_____ (next available in 2019)

ONE-TIME GIFT

- Hourly deduction _____ hours (deducted in Jan 2019)
- Check: \$_____ enclosed payable to Cedar Valley United Way
- Credit Card: one-time charge \$_____ monthly charge: \$_____ (Jan-Dec 2019)
- Visa Mastercard Discover
- Account no. _____
- Exp date _____ 3 digit sec. code _____

GIFT DESIGNATION - You may designate \$50 or more to any health or human services agency. (For United Way only)

Agency: _____

Address: _____

- Please do not release my information to the designated agency

- I am currently paying on a pledge
- I wish to remain anonymous

Signature: _____

Date: _____

Thank you for making a difference!

No goods or services were provided in exchange for this contribution. Please send white and yellow copies back to the Foundation and keep the pink form for your records.

Let's do some number crunching. If you give...

Amount Per Pay Period	x Annual Pay Periods	x 3 Year Pledge	= Total Gift
\$1	26	3	\$78
\$2	26	3	\$156
\$5	26	3	\$390
\$10	26	3	\$780
\$15	26	3	\$1,170
\$25	26	3	\$1,950
\$30	26	3	\$2,340
\$50	26	3	\$3,900

A little bit per check adds up to a lot over three years. And just think what it will mean to our patients, our students, their families and the entire UnityPoint Health community.

Gifts of \$1,000 or more will be recognized on a permanent display.

Gifts of \$10,000 will qualify for membership in Gerard Circle of the Allen Foundation.