



Employee #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

You can also donate to  
**Allen Foundation** by visiting  
[unitypoint.org/waterloo/foundation](http://unitypoint.org/waterloo/foundation).

**UnityPoint Health – Allen Foundation**

**DONATION METHOD & AMOUNT**

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

\$ \_\_\_\_\_ per pay period     1 yr    2 yrs    3 yrs  
 \$ \_\_\_\_\_ one-time payroll deduction (Jan 2018)

**EARNED TIME**

Please deduct \_\_\_\_ hours (deducted in Jan 2018)    1 yr    2 yrs    3 yrs  
 Please deduct 1 hour of earned time per pay period (26 per year)

**ONE-TIME GIFT**

\$ \_\_\_\_\_ check enclosed payable to Allen Foundation

**ONE-TIME GIFT**

\$ \_\_\_\_\_ one-time charge    \$ \_\_\_\_\_ monthly charge  
 (Jan-Dec 2018)  
 Visa    Mastercard    Discover

Account no. \_\_\_\_\_  
 Exp date \_\_\_\_\_ 3 digit sec. code \_\_\_\_\_

**GIFT DESIGNATION - Choose up to a maximum of two:**

- |  |  |
|--|--|
| <input type="checkbox"/> For Allen For You:<br>Area of greatest need                 | <input type="checkbox"/> IMPACT Allen Hospital |
| <input type="checkbox"/> For Allen For You:<br>OB/NICU/Peds                          | <input type="checkbox"/> IMPACT Allen College  |
| <input type="checkbox"/> For Allen For You:<br>Prairie Parkway                       | <input type="checkbox"/> Hospice               |
| <input type="checkbox"/> For Allen For You: Area of<br>greatest need - Allen College | <input type="checkbox"/> Employee Assistance   |
| <input type="checkbox"/> For Allen For You:<br>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**

**DONATION METHOD & AMOUNT**

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

\$ \_\_\_\_\_ per pay period (26 per year)  
 \$ \_\_\_\_\_ one-time payroll deduction (next available in 2018)

**EARNED TIME**

Please deduct \_\_\_\_\_ hours (deducted in Jan 2018)

**ONE-TIME GIFT**

\$ \_\_\_\_\_ check enclosed payable to Cedar Valley United Way

**ONE-TIME GIFT**

\$ \_\_\_\_\_ one-time charge    \$ \_\_\_\_\_ monthly charge  
 (Jan-Dec 2018)  
 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 decline to participate in either cause at this time  
 I wish to remain anonymous

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for making a difference!**

No goods or services were provided in exchange for this contribution.

Check out the giving table on the flip side.

## 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.