



Name _____

Employee Number _____

Street Address _____

City _____ Zip _____

You can also donate to
Marshalltown Foundation
by visiting [unitypoint.org/
marshalltown/foundation](http://unitypoint.org/marshalltown/foundation)

UnityPoint Health – Marshalltown 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:

- Unrestricted
- Amazing Lives Start Here
- Employee Assistance
- Other

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 decline to participate at this time.
- I wish to remain anonymous

Signature: _____

Date: _____

Thank you for making a difference!

Please return to UnityPoint Health - Marshalltown Foundation or email to MT_Foundation@unitypoint.org.

All team members who contribute \$2 or more per payroll to the Foundation through the end of 2019 will receive the "We Matter Together" reusable 20 ounce hot/cold cup. The cup can be filled in the cafeteria or at the Bistro for \$1 (coffee and fountain drinks only). Only those who donate to the Foundation are eligible for this special thank you gift.

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.