



State of Iowa

One Gift Pledge Form

Download this form to your computer if you wish to use a digital signature.
100% of all donations go directly to the charitable agencies of your choice.

EMPLOYEE INFORMATION

--	--	--

Last Name

First Name

Middle Initial

--

Agency/Department/Commission

Please indicate payroll deduction schedule:

- All out of the first paycheck of each month (12 deductions/year)
- All out of the second paycheck of each month (12 deductions/year)
- Equally out of the first and second paychecks each month (24 deductions/year)
- Equally out of all paychecks each month (26 deductions/year)
- One-time payroll deduction out of the first paycheck in new year

Please indicate pledge amount: *(The pledged amount for each charitable agency must be evenly divisible by the number of pay periods.)*

Total pledge amount for new year

(No cash or checks accepted)

\$

Payroll deduction amount

(New year total pledge amount divided by deduction frequency elected above)

Minimum deduction is \$1.00 per paycheck, as required by state statute.

\$

ONE GIFT AGENCY

No goods or services are provided by any agency in return for contributions made to it by payroll deduction.

You may designate up to three of the organizations listed in the One Gift website. To designate contributions to one or more charities, fill in the agency number(s) and the dollar amount(s) below:

	→	\$		→	\$		→	\$
Agency Number		Annual Amount	Agency Number		Annual Amount	Agency Number		Annual Amount

EMPLOYEE SIGNATURE: _____

Date: _____

After signing and dating, please return this form to your [One Gift liaison](#) or human resources associate.