



STATE OF IOWA
2019 ONE GIFT PLEDGE FORM

100% of all donations go directly to the charitable agencies of your choice.

EMPLOYEE INFORMATION

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Last Name

First Name

Middle Initial

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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 2019

Please indicate pledge amount:

Total pledge amount for 2019

(No cash or checks accepted)

\$

Payroll deduction amount

(2019 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.

If you do not wish to designate which charity receives your contribution, use Agency No. 9999. Money will be distributed to the charities in the same ratio as designated gifts. 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.