



2026 PLEDGE FORM

UNI Foundation, 121 Commons, Cedar Falls, IA 50614-0239
Call us at (319) 273-2471 or email us at everloyal@uni.edu

2026 Ever Loyal Club Important Changes to Note Can Be Found On The Back

Ever Loyal Club Contribution Levels

Loyalty - \$100 - \$349

Coaches - \$350 - \$699

Purple - \$700 - \$1,199

Gold - \$1,200 - \$2,099

VIP - \$2,100 - \$2,999

UNI Pride - \$3,000 - \$4,999

Champion - \$5,000 - \$7,999

Diamond - \$8,000 - \$14,999

Platinum - \$15,000 - \$24,999

Legacy - \$25,000 +

STEP 1: Fill Out Your Information & 2026 Special Clubs/Benefits

ID Number: _____

Individual Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (H) (C) (B) Phone: _____ (H) (C) (B)

Email: _____

Publication Listing (i.e. Online Recognition): _____

Volunteer Contact: _____

Member Referral: _____

☐ *UNI Employee ID #: _____

If you are a UNI Employee levels are 50%

☐ Company Name: _____

Please attach company paperwork along with your form and payment

☐ *Under 30 (DOB): _____

If you are under 30 levels are 50%

Company Match: \$ _____

STEP 2: Insert Gift Amount

☐ Cash: \$ _____

☐ Gift-in-Kind: \$ _____ Service provided: _____

Total Giving: \$ _____ 2026 Membership Level: _____

Are you interested in being a Momentum Club member today?

Simply increase your giving by one Ever Loyal Club level to join!

STEP 3: Select Payment Method

☐ **Check/Cash Enclosed:**

\$ _____

Payable to: Ever Loyal Club

☐ **Bill Me:**

Please send a reminder _____

(Member will not receive benefits until paid in full)

☐ **Automatic Bank Payments:**

Debit \$ _____ per month

on _____ (day of month)

Beginning (mm/yy) ____/____

☐ **Credit Card:**

Please charge my card \$ _____

____ one time ____ monthly ____ quarterly

____ (day of month)

beginning (mm/yr) ____/____

☐ **UNI Payroll Deduct:**

Please deduct \$ _____ per month

Beginning (mm/yy) ____/____

- A voided check is attached. I hereby authorize the
UNI Foundation to initiate debit entries to my account.
- The authority is to remain in full force until I notify the
UNI Foundation of termination. Thirty days notice is required.

STEP 4: Credit Card Information (if applicable)

Charge my (Circle One): VISA MasterCard Discover American Express

Card #: _____ Exp. Date: _____

CREDIT CARD INFORMATION WILL NOT BE KEPT ON FILE

STEP 5: Sign!

Signature (Required): _____ Date: _____