

## 1 DONOR INFORMATION



First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Employer (If giving through employee campaign) \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Personal Email \_\_\_\_\_  
(Your personal information will not be shared by United Way of Black Hills with other organizations/businesses)

**LEADERSHIP GIVING LEVELS**

**Pacesetter \$300-\$499 per yr. (\$25+ /month)**

**Pillar \$500-\$999 per yr. (\$42+ /month)**

**President's Circle \$1,000+ per yr.**

Please list my name (and spouse) in the Leadership Directory as shown below:

**OR**

I wish to remain anonymous

PLEASE PRINT: \_\_\_\_\_

## 2 TRANSFORMING LIVES & CREATING OPPORTUNITY

To Live United, please CHOOSE ONE of the options below

**EASY PAYROLL DEDUCTION**

\$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Amount per pay period # of pay periods in full year

Consider **"A Dollar A Day For United Way"** (\$365) \_\_\_\_\_

**FAIRSHARE GIFT** (One hour's pay per month)  
 \$ \_\_\_\_\_ x 12 months = \_\_\_\_\_  
Hourly rate of pay

\$ \_\_\_\_\_  
Total payroll deduction

\$ **365**  
\$1/day amount (\$365)

\$ \_\_\_\_\_  
Total fairshare pledge (for year)

**OR**

**DIRECT GIFT**

**CHECK/CASH** (Must be attached)  
 \$50  \$100  \$150  \$200  \$250  Other Amount: \$ \_\_\_\_\_

**BILL ME** (Home address needed above)  
 Monthly  Quarterly  One Time \_\_\_\_\_

**Automatic BANK WITHDRAWAL** (Must enclose voided check)  
 Monthly withdrawals of \$ \_\_\_\_\_ will begin January 20<sup>th</sup> \_\_\_\_\_  
Monthly withdrawal amount

**CREDIT CARD**  
 To pay with credit card\* please call **605-343-5872** or text "UWBH" to **40403** \_\_\_\_\_  
\* Mention when calling if you would like to be billed monthly

\$ \_\_\_\_\_  
Total amount enclosed

\$ \_\_\_\_\_  
Total amount billed

\$ \_\_\_\_\_  
Total annual withdrawal amount

\$ \_\_\_\_\_  
Total credit card amount

**IN ADDITION to my contribution indicated above, I'd like to support**

**IMAGINATION LIBRARY**

I would like to provide a child with **ONE BOOK A MONTH** for **ONE YEAR** at the cost of **\$30/year**.  
 \_\_\_\_\_ x \$30 = \_\_\_\_\_  
# of children you wish to sponsor per child/year

Please select **HOW** you would like to contribute to the Imagination Library:

- Please TAKE the above total contribution out of my "One Time Gift" amount
- Please ADD the above total contribution to my "BILL"
- Please ADD the above total contribution to my "PAYROLL DEDUCTION"

\$ \_\_\_\_\_  
Total Imagination Library contribution

**TOTAL GIFT OF:**

\$ \_\_\_\_\_  
Sum of ALL annual contributions listed above

**SIGNATURE** (My signature authorizes my pledge): \_\_\_\_\_

**OPTIONAL:** I would like to designate my donation to: \_\_\_\_\_