



621 6th St Ste 100, Rapid City, SD 57701
 Phone: 605-343-5872 / Fax: 605-343-9437
 Email: info@unitedwayblackhills.org
 www.unitedwayblackhills.org

United Way of the Black Hills

MY PLEDGE FORM

DONOR INFORMATION (PLEASE PRINT)

FIRST NAME _____ MI _____ LAST NAME _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EMPLOYER (If giving through an employee campaign) _____
 BUSINESS PHONE _____ BUSINESS EMAIL _____
 CELL PHONE _____ PERSONAL EMAIL _____

LEADERSHIP GIVING LEVELS

Pacesetter \$300-\$499 per yr. (\$25+ /mo) **Pillar \$500-\$999 per yr.** (\$42+ /mo) **President's Circle \$1,000+ per yr.** (\$84+ /mo)

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

PLEASE PRINT: _____



I wish to remain anonymous

TELL US ABOUT YOUR PAYMENT

To Live United, please CHOOSE ONE of the options below

EASY PAYROLL DEDUCTION

$$\begin{matrix} \$ & & \times & & = & & \\ \text{Amount per pay period} & & & \text{\# of pay periods in full year} & & & \end{matrix}$$

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

FAIRSHARE GIFT (One hour's pay per month)

$$\begin{matrix} \$ & & \times & & = & & \\ & & & 12 \text{ months} & & & \\ & & & \text{Hourly rate of pay} & & & \end{matrix}$$

\$ _____
Total payroll deduction

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

\$ _____
Total fairshare pledge (for year)

DIRECT GIFT

CHECK/CASH \$50 \$100 \$150 \$200 \$250

(Must be attached)

Other Amount: \$ _____

BILL ME (Home address required above)

Monthly Quarterly One Time

Automatic BANK WITHDRAWAL (Must enclose voided check)

Monthly withdrawals of \$ _____ will begin January 20th
 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

Please consider a gift or increasing your gift. It doesn't take much to make a BIG difference in the Black Hills. Adding just...

... \$1 per week = 25 more books to help prepare children for kindergarten.

... \$2 per week = 20 more backpacks of food to feed children for the weekend.

... \$3 per week = 3 more months of meals delivered to homebound seniors.

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**.

$$\begin{matrix} & & \times & & \\ & \# \text{ of children you wish to sponsor} & & \$30 & \\ & & & \text{per child/year} & \end{matrix}$$

\$ _____
Total Imagination Library contribution

BLACK HILLS READS EDUCATION INITIATIVE

I would like to make a **special contribution** to support the Black Hills Reads education initiative.

\$ _____
Pledge Amount

\$ _____
Total Black Hills Reads education initiative contribution

MENTAL HEALTH INITIATIVE*

I would like to make a **special contribution** to support the mental health initiative.

\$ _____
Pledge Amount

\$ _____
Total mental health initiative contribution

Please select **HOW** you would like to make your contribution:

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"

SIGNATURE (My signature authorizes my pledge): _____

OPTIONAL. I would like to designate my donation to*: _____

*For more information on the mental health initiative and full list of agencies, please visit: www.unitedwayblackhills.org.

TOTAL GIFT OF:

\$ _____
Sum of ALL annual contributions listed above