



United Way of the Black Hills

# MY PLEDGE FORM

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Phone: 605-343-5872 / Fax: 605-343-9437  
Email: info@unitedwayblackhills.org  
www.unitedwayblackhills.org

### 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: \_\_\_\_\_

**OR**

I wish to remain anonymous

### TELL US ABOUT YOUR PAYMENT

 To Live United, please CHOOSE ONE of the options below

#### EASY PAYROLL DEDUCTION

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

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

#### FAIRSHARE GIFT (One hour's pay per month)

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

\$ \_\_\_\_\_

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 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

*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**.  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 # of children you wish to sponsor per child/year .....

\$ \_\_\_\_\_

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