



621 6th St Ste 100, Rapid City, SD 57701
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 www.unitedwayblackhills.org

At United Way of the Black Hills, we unite people and resources to improve lives in the Black Hills by delivering measurable long-term solutions to community issues in **education, financial stability and health.**
 For more information look on the backside of this pledge form.

1. 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 _____
please use xxx-xxx-xxxx format

CELL PHONE _____ PERSONAL EMAIL _____
please use xxx-xxx-xxxx format

2. I'D LIKE MY GIFT TO BE USED IN THIS AREA OF THE BLACK HILLS

Rapid City Sturgis Northern Hills Southern Hills

3. I WOULD LIKE THIS % OF MY GIFT TO GO TO:

View a list of types of programs we support on the back of this form.

GREATEST NEED

I would like to make a contribution to support the **greatest need in my area.** Donations to the greatest need category benefit agencies that are receiving funding for this campaign season.

IMPACT AREA

I would like to make a contribution to support **education** efforts including the Imagination Library Program. _____ Percentage

I would like to make a contribution to support **financial stability** efforts _____ Percentage

I would like to make a contribution to support **health** efforts _____ Percentage

4. CHOOSE YOUR PAYMENT

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

DIRECT GIFT

CHECK/CASH (Must be attached) \$50 \$100 \$150 \$200 \$250
 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

SIGNATURE

(My signature authorizes my pledge): _____

DATE _____

\$ _____

Total payroll deduction

\$ _____

\$1/day amount (\$365)

\$ _____

Total fairshare pledge (for year)

\$ _____

Total amount enclosed

\$ _____

Total amount billed

\$ _____

Total annual withdrawal

\$ _____

Total credit card amount

TOTAL GIFT OF:

\$ _____

Sum of ALL annual contributions listed above

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