

ANNUAL PLEDGE FORM

#GiveWhereYouLive



United Way of the
Greater Chippewa Valley

PERSONAL & WORK INFORMATION

MR. MRS. MS. MX. DR.

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ CELL HOME EMAIL _____ BIRTH DATE ____/____/____

WORKPLACE _____ WORK EMAIL _____

WORK NUMBER _____ EXT _____

I WISH TO INVEST BY... (CHOOSE THE OPTION THAT BEST FITS YOUR LIFE!)

1. **RECURRING PAYROLL DEDUCTION** - PLEASE DEDUCT: AMOUNT PER PAY PERIOD \$ _____ X # _____ PAY PERIODS = \$ _____ TOTAL INVESTMENT
PAY PERIOD EXAMPLE: WEEKLY (52) / BI-WEEKLY (26) / SEMI-MONTHLY (24) / MONTHLY (12) / OR OTHER

2. **ONE TIME PAYROLL DEDUCTION** - AMOUNT: \$ _____ DATE TO BE DEDUCTED: ____/____/____

3. **DIRECT DONATION** - AMOUNT: \$ _____

CASH CHECK # & DATE: ____/____/____

CREDIT CARD / ACH (PLEASE VISIT WWW.UWGCV.ORG OR CALL US!)

INVOICE ME (1 TIME: MIN. OF \$50 | QUARTERLY: MIN. OF \$100):
ON THIS DATE: ____/____/____ EMAIL ME, PLEASE!

4. ***LEADERSHIP LEVEL DONATION** - 5. **LEGACY GIVING** -

AMOUNT: \$ _____ STOCKS / SECURITIES PLANNED GIVING

*An annual investment of \$500+ qualifies you into our Leadership Circle donor group!

WANT TO GET MORE INVOLVED?

ADVISORY COUNCIL BOARD MEMBERSHIP CAMPAIGN CABINET
 EMERGING LEADERS TEAM LEADERSHIP CIRCLE

MY INVESTMENT LAST YEAR WAS: \$ _____

I'D LIKE TO INCREASE BY:

5% _____

10% _____

15% _____

MY TOTAL INVESTMENT: \$ _____

I WANT MY DONATION TO BE INVESTED IN... (CHOOSE THE OPTION(S) YOU'RE PASSIONATE ABOUT)

PLEASE INVEST MY DOLLARS TO DO THE MOST GOOD (SUPPORT ALL OF UNITED WAY'S INITIATIVES, IN CHIPPEWA & EAU CLAIRE COUNTIES)

CHOOSE THE INITIATIVE(S): HEALTH EDUCATION FINANCIAL STABILITY BASIC NEEDS DIGITAL EQUITY

CHIPPEWA & EAU CLAIRE COUNTIES CHIPPEWA COUNTY EAU CLAIRE COUNTY

SIGN HERE: _____ DATE TO BE DEDUCTED: ____/____/____ I/WE WISH TO REMAIN ANONYMOUS

THANK YOU FOR YOUR GENEROSITY

UNITED WAY OF THE GREATER CHIPPEWA VALLEY | 3603 N. HASTINGS WAY, SUITE 200, EAU CLAIRE, WI 54703 | 715-834-5043 | UWGCV.ORG/GIVE

OKAY, LET'S BREAK THIS DOWN -

HOW YOUR INVESTMENT MAKES A DIFFERENCE:

\$10

ONE MONTH OF MENTAL HEALTH SERVICES

to one survivor of domestic violence, abuse or assault

16 NUTRITIOUS MEALS

to a person in need

FINANCIAL COACHING, EDUCATION & DEBT MANAGEMENT

to one household.

\$25

ONE MONTH OF NURSE HOME VISITING SERVICES

for one family.

ONE MONTH OF MENTAL HEALTH SERVICES

for one patient.

TWO MONTHS OF HOUSING OR SUPPORTIVE SERVICES

for one household experiencing being un-housed.

\$50

80 NUTRITIOUS MEALS

for a person in need.

TEN MONTHS OF COMPREHENSIVE CASE MANAGEMENT

for households facing being un-housed.

\$100

ONE YEAR OF SOCIAL CONNECTEDNESS PROGRAMMING

for one youth between the ages of 7 - 18 years old.

SIX SESSIONS OF MENTAL HEALTH THERAPY

for household with children.

\$250

410 NUTRITIOUS MEALS

to a person in need.

TWO YEARS OF MENTAL HEALTH SERVICES

to one household impacted by domestic violence, abuse and assault

\$500

ONE YEAR OF MENTAL HEALTH THERAPY

for one household with children.

TWO YEARS OF MENTAL HEALTH SERVICES

for two households impacted by domestic violence, abuse and assault

THANK YOU TO OUR SPONSORS!



SWEEPSTAKES OPPORTUNITY

YOU WILL BE AUTOMATICALLY ENTERED INTO OUR SWEEPSTAKES DRAWING WHEN YOU:

- PLEDGE AS A NEW DONOR, \$1 OR MORE / PAYCHECK
- INCREASE YOUR PREVIOUS PLEDGE BY \$1 MORE / PAYCHECK

DO NOT INCLUDE ME IN
THE SWEEPSTAKES DRAWING



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