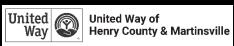
# **UWHCM Campaign Pledge Form**



Participant's Information (Please Print clearly)  Mr. Mrs. Dr. Employer / Occupation				
First Name Middle Initial Last Name	Preferred Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them			
Address	City State ZIP			
Email Address:	□ Home           Phone:         □ Mobile			
Preferred Contact Method: Phone Email US Mail SMS/Text	<del></del>			
Payroll Deduction	Direct Bill Me			
☐ I will contribute the following amount each pay period: \$	☐ I authorize the United Way of Henry County & Martinsville to <b>Bill Me</b> in the amount of \$ at a			
$\square$ Weekly (52) $\square$ Bi-Monthly (24)	□ Quarterly (4) □ One-Time (1)			
☐ Bi-Weekly (26) ☐ One-Time (1)	frequency as my Contribution to the Annual Campaign.			
☐ Monthly (12) ☐ Other:  Total Amount: \$	Please allow my <b>initial</b> billing date to be as follows:  MM/DD/YYYY:			
	NOTE: Due to the nature of this transaction UWHCM Requires a minimum of \$25 per billing period.			
One time Total Gift Enclosed	Please Bill Me via: □ Email □ US Mail			
☐ I have enclosed my gift in the form of: ☐ Cash / ☐ Check	☐ Bill me at the address listed above			
Please make checks payable to: United Way of Henry County & Martinsville	☐ Billing address is separate from above information:  Billing Address:			
Total Amount: \$	Total Amount \$			
provides you with discounts at local restaurants	ited Way Campaign, you are eligible to receive our <b>Community Care Card</b> that <b>and businesses</b> throughout Henry County & Martinsville.			
	who give at least \$600 total to the annual campaign.  nity. Respectfully, if you wish for your gift to remain anonymous, please let us know below:			
Signature	Date:			
☐ Please <b>combine my recognition</b> with my spouse / significant o	ther.			
List our names as:				
$\square$ Please recognize my / our gift in <b>honor</b> of:				
$\square$ I wish for my gift to be <b>anonymous</b> .				
	SIGNATIONS (optional)			
Option A  ☐ United Way of Henry County & Martinsville Community Fund \$	The Most Powerful Way to Invest Your Gift.			
Option B United Way Initiatives: ☐ MHC Partners for Children: \$ ☐ Dolly Partor	Imagination Library (\$27/child): \$			
Option C  ☐ Detailed Designation				
	(See back for listing of eligible agency codes)			
	e United Way of Henry County & Martinsville!			
United Way of Total Pledge Amoun	t: <u>\$</u> Pledge Date:			

#### The United Way Community Impact Fund

United Way of Henry County & Martinsville



Option A - The Most Powerful Way to Invest Your Gift

With more than 200 volunteers and nearly 3,200 donors in our area each year, the United Way of Henry County & Martinsville is our community's *largest* privately-funded nonprofit, addressing the community's immediate and long-term needs in education, financial stability, and healthy living: the building blocks for a *good quality of life*.

**Community Impact Grants** are how we invest your contribution into our community. **Funding decisions** for Community Impact Grants are made **annually** through a vetting process **lead by the Community Review Panel**. The Community Review Panel ensures your contribution *has the greatest community impact* within our area.

If you are interested in serving on our next **Community Review Panel** reach out to **Philip Wenkstern** at **276.403.5961**or by email at <a href="mailto:philip@UnitedWayofHCM.org">philip@UnitedWayofHCM.org</a>. Thank you for your interest and support!

### **United Way Initiatives**

Option B – Assign your gift, or a portion of your gift, to one (or all), of our local initiatives.

**MHC Partners for Children**'s mission is to ensure that ALL children, birth to age 5, in our area will have caring, responsible adults who have access to resources to provide for their children's social, emotional, physical and academic development.

**Dolly Parton's Imagination Library** puts books into the hands and hearts of children across the world. They partner with UWHCM to provide a hand-selected, age-appropriate, high-quality book each month to registered children from birth to age five.

**Financial Stability** initiatives include UWHCM partner-programs that impact the community at an individual level. Past partnerships include VITA (Volunteer Income Assistance) free tax preparation, Money Management Mentoring Programs, Financial Wellness at Work initiatives, and preparing high school seniors to maintain real-life finance through the Dollar Sense and Reality Fair.

## **Detailed Designation**

Option C - Assign your gift, or a portion of your gift, to any of the community agencies listed below.

#### \*\*\*\*TO ENSURE ACCURATE DESIGNATION PLEASE LIST THE THREE-LETTER AGENCY CODE ON THE FRONT (OR PAGE 1) OF THIS FORM\*\*\*

ALS	Axton Life Saving	FIA	Friends of Infinity Acres Ranch	RRS	Ridgeway Rescue Squad
ANC	Anchor Commission	FMY	Family YMCA	SAM	Salvation Army
ARC	American Red Cross	FOY	FOCUS on Youth	SSR	Southside Survivor Response Center
BRS	Bassett Rescue Squad	GSS	Girl Scouts	sss	Stepping Stones
BSA	Boy Scouts	GNW	Grace Network	STP	STEP, Inc.
BGC	Boys & Girls Club	HFP	Henry County Food Pantry	VLA	Virginia Legal Aid Society
CDC	Community Dream Center	HRS	Horsepasture Rescue Squad	ouw	Other United Way-fill in location
EAD	Edwards Adult Day Care	PCS	Piedmont Community Services		(List as Option C on front)
FCR	Fieldale-Collinsville Rescue Squad	PVD	Piedmont VA Dental Health Foundation		