

UNITED WAY OF THE GREATER CHIPPEWA VALLEY ANNUAL PLEDGE FORM

YES! I choose to support my community with a gift to United Way.

GIVE 
WHERE YOU
LIVE 
LIVE UNITED



United Way of the
Greater Chippewa Valley

PERSONAL & WORK INFORMATION:

☐ MR ☐ MS ☐ MRS ☐ MX ☐ DR FIRST NAME _____ MI _____ LAST NAME _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ ☐ CELL ☐ HOME PERSONAL EMAIL _____ BIRTHDATE _____
SPOUSE'S FIRST NAME _____ MI _____ SPOUSE'S LAST NAME _____
WORKPLACE _____ WORK EMAIL _____
WORK PHONE _____ EXT _____ I ANTICIPATE RETIRING IN ☐ ONE YEAR ☐ TWO YEARS



DID YOU KNOW?

An annual gift of \$500 or more qualifies your household for membership in our Leadership Circle donor group.

Receive exclusive event invitations and connect with like minded people while investing in the Chippewa Valley's greatest needs.

I WISH TO INVEST BY:

- A RECURRING PAYROLL DEDUCTION:** PLEASE DEDUCT \$ $\frac{\text{AMOUNT PER PAY PERIOD}}{\text{PAY PERIOD}} \times \# \text{ PAY PERIODS} = \$ \text{TOTAL GIFT}$
(PAY PERIOD EXAMPLES: WEEKLY (52) / BIWEEKLY (26) / SEMI-MONTHLY (24) / MONTHLY (12) / OTHER _____)
- B ONE TIME PAYROLL DEDUCTION:** AMOUNT \$ _____ DATE TO BE DEDUCTED _____
- C DIRECT GIFT:** AMOUNT \$ _____
☐ CASH (ENCLOSED) ☐ CHECK (ATTACHED) CHECK # _____ CHECK DATE _____
☐ CREDIT CARD/ACH (PLEASE VISIT UWGCv.ORG/GIVE OR CALL 715-834-5043 TO MAKE A SECURE DONATION.)
☐ INVOICE ME: ☐ ONCE, SPECIFY DATE _____ (MIN \$50) ☐ QUARTERLY (MIN \$100) ☐ VIA EMAIL
- D LEGACY GIVING:** ☐ STOCKS/SECURITIES ☐ PLANNED GIVING

MY GIFT LAST YEAR WAS:

\$ _____
I WOULD LIKE TO INCREASE MY GIFT BY:
☐ 5% _____
☐ 10% _____
☐ 15% _____
MY TOTAL GIFT
\$ _____

SWEEPSTAKES:

YOU WILL BE AUTOMATICALLY ENTERED INTO OUR SWEEPSTAKES WHEN YOU:

- ♥ PLEDGE AS A NEW DONOR, \$1 or more per paycheck (\$24/year).
- ♥ INCREASE YOUR PREVIOUS PLEDGE BY \$1 MORE PER PAYCHECK (\$24/year).

For prizes, rules & regulations, visit www.uwgc.org/sweepstakes.
No donation necessary. Void where prohibited. Donation will not improve odds of winning.

SWEEPSTAKES OPT OUT: ☐ PLEASE DO NOT INCLUDE MY NAME IN THE SWEEPSTAKES DRAWING.

I WOULD LIKE MY GIFT TO BE INVESTED IN:

- ☐ PLEASE INVEST MY DOLLARS TO DO THE MOST GOOD. (SUPPORT ALL UNITED WAY INITIATIVES IN CHIPPEWA AND EAU CLAIRE COUNTIES.)
- OR** CHOOSE YOUR INITIATIVE(S) ☐ HEALTH ☐ EDUCATION ☐ FINANCIAL STABILITY ☐ BASIC NEEDS ☐ DIGITAL EQUITY
- AND** OPTIONAL DESIGNATION ☐ CHIPPEWA AND EAU CLAIRE COUNTIES ☐ CHIPPEWA COUNTY ☐ DUNN COUNTY ☐ EAU CLAIRE COUNTY

SIGN HERE _____ DATE _____

☐ I/WE WISH TO REMAIN ANONYMOUS.

UNITED WAY OF THE GREATER CHIPPEWA VALLEY
3603 North Hastings Way, Suite 200, Eau Claire, WI 54703 | 715-834-5043 | uwgc.org/give
PAYROLL OFFICE – PLEASE MAKE A COPY AND RETURN ORIGINAL TO UNITED WAY OF THE GREATER CHIPPEWA VALLEY

THANK YOU! 

HOW YOUR GIFT MAKES AN IMPACT!

THANK
YOU TO OUR
SPONSORS!



Marshfield
Medical Center
Eau Claire

SCHEELS



Great Northern Corporation



United Way of the
Greater Chippewa Valley

PLATINUM SPONSORS

GOLD SPONSORS

PRINT SPONSOR



- ♥ **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 AND DEBT MANAGEMENT** to one household.



- ♥ **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 homelessness.



- ♥ **80 NUTRITIOUS MEALS** to a person in need.
- ♥ **TEN MONTHS OF COMPREHENSIVE CASE MANAGEMENT** for households facing homelessness.



- ♥ **ONE YEAR OF SOCIAL CONNECTEDNESS PROGRAMMING** for one youth between the ages of 7-18.
- ♥ **SIX SESSIONS OF MENTAL HEALTH THERAPY** for one household with children.



- ♥ **410 NUTRITIOUS MEALS** to a person in need.
- ♥ **TWO YEARS OF MENTAL HEALTH SERVICES** to one household impacted by domestic violence, abuse or assault.



- ♥ **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 or assault.

