

STEP 1: TELL US WHO YOU ARE



United Way
of Henderson County

First Name	MI	Last Name	Birth Year
Partner/Spouse First Name	MI	Last Name	
Mailing Address	City	State	Zip
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email <input type="checkbox"/> Personal <input type="checkbox"/> Work		
Employer	Department Name/Number		

Contributions of \$1,000 or more may be recognized in print. Please check your preference:

☐ Include Spouse/Partner with my name. ☐ I wish to remain Anonymous.

STEP 2: MAKE YOUR PLEDGE

<input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> \$5 <input type="checkbox"/> \$50 <input type="checkbox"/> \$15 <input type="checkbox"/> \$100 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$_____ X _____ pay periods per year = \$_____ Total Pledge	OR	<input type="checkbox"/> ONE-TIME GIFT \$_____ <input type="checkbox"/> Cash/Check (Payable to United Way) <input type="checkbox"/> Stock/Securities (Direct transfer to United Way account 258-07842-1, DTC# 0057 at Edward Jones (828) 388-5768.) \$_____ Total Pledge	OR	<input type="checkbox"/> CREDIT CARD Visit liveunitedhc.org and click "DONATE" to make a secure one-time transaction or follow prompts to set up recurring payments or call the United Way office at (828) 692-1636. \$_____ Total Pledge
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STEP 3: CONNECT WITH US

☐ **WOMEN UNITED** Annual gifts of \$1,000 or more qualify for membership in Women United. Membership will renew each year with a qualifying contribution. A three-year step-up contribution plan (Year-1 \$500, Year-2 \$750, Year-3 \$1,000), or the women under 40 years rate (\$500 annually) is available. A sponsorship fund is available. Visit liveunitedhc.org/women-united for more details.

☐ **Loyal Contributors:** I have been giving to (any) United Way for _____ years.

PLEASE SEND INFORMATION ABOUT: ☐ PLANNED GIVING ☐ RISING LEADERS ☐ SMALL BUSINESS LEAGUE

OPTIONAL: DIRECT YOUR GIFT

☐ COMMUNITY INVESTMENT FUND

The most powerful and effective way to improve the education, health, financial stability, and basic needs of Henderson County neighbors in need. Optional: Designate your contribution to a specific area:

☐ Education \$_____ ☐ Financial Stability \$_____ ☐ Health \$_____ ☐ Basic Needs \$_____

OPTIONAL: DIRECT YOUR GIFT TO ANOTHER NONPROFIT. See reverse side to designate your contribution to another health and human services nonprofit or another United Way.

No goods or services were provided in exchange for this contribution. For pledges made by payroll deduction the IRS uses your pay stub, W-2 or other payroll document from your employer which shows the amount withheld and paid to a charitable organization. Contributions of \$250 or more made by cash, check or credit card direct from the donor before December 31st will receive a tax receipt dated on or before January 31st of the following year. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-814-5400. The license is not an endorsement by the State.

SIGNATURE: (required) _____ **DATE:** _____



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COMMUNITY PARTNERS

United Way of Henderson County supports 42 programs at 25 local nonprofits through our Community Investment Grants. These funded programs provide over 40,000 services annually.

- Appalachian Sustainable Agriculture Project
- Aspire Youth & Family, Inc
- Big Brothers Big Sisters of WNC
- Boys & Girls Club of Henderson County
- Calvary Episcopal Church Food Pantry
- Children & Family Resource Center
- Crossnore Communities for Children
- Habitat for Humanity
- Henderson County Rescue Squad
- Hope Coalition
- Housing Assistance Corporation
- Interfaith Assistance Ministry
- Literacy Connection
- MANNA FoodBank
- Medical Loan Closet
- Mountain Aging Partners
- OnTrack Financial Education and Counseling
- Pisgah Legal Services
- Safelight
- Smart Start Partnership for Children
- St. Gerard Center for Autism
- The Free Clinics
- The Mediation Center
- Thrive
- WNCSource

YOUR INVESTMENT IN ACTION



Thanks to supporters like you, we are able to help ensure residents have access to healthy foods, crisis support, educational opportunities, mental health support, affordable housing, and so much more.

☐ **(OPTIONAL) DIRECT YOUR GIFT TO ANOTHER NONPROFIT** Check here to designate all or a portion of your contribution to another 501(c)3 health and human services nonprofit or another United Way. Required Information:

Organization Name: _____ EIN: _____

Address: _____ Phone: _____

Contribution Amount: \$ _____

Designated Contributions: UWHC will verify the 501(c)3 status of the organization. If it is not properly registered, your contribution will be directed to the Community Investment Fund. Please visit liveunitedhc.org/accountability for more information and to access the Designation Policy.