



SHEBOYGAN & PLYMOUTH AREA UNITED WAY

WHAT MATTERS IS RIGHT HERE AT HOME

(place labels here)

1 ABOUT ME: (PLEASE PRINT)

REQUIRED INFORMATION

Name: _____ Emp. #, Dept.: _____ Birth Date: ____/____/____
first middle last (if applicable) mo. day yr.
 Home Address: _____
street city state zip
 Employer: _____ Daytime Phone: _____

My information above has changed since last year. Email me the United Way Newsletter: _____
please print complete email address

2 THE AMOUNT I WISH TO GIVE: (PLEASE PRINT)

REQUIRED INFORMATION

Payroll Deduction: I pledge \$ _____ x _____ = \$ _____
(\$ per pay period) (# pay periods) (total gift)

A "Fair Share" gift would be: 1% of annual salary **OR** 1 hour per month. Please **fill in** amount of gift above.

Cash or **Check enclosed:** (payable to United Way) _____

Bill me (minimum \$50): I pledge a total gift of \$ _____ to be billed: quarterly one time

Credit card: Visa MasterCard American Express \$ _____

Account Number: _____ Exp. date: _____

Gift of stock: \$ _____ Anticipated delivery date: _____ (Please contact United Way for more info.)

Send me information about planned giving and remembering United Way in my will.

Signature: _____ **Date:** _____

(Required for ALL giving options!)

3 LEADERSHIP GIVING: (PLEASE PRINT)

If you and your spouse's combined giving totals \$500 or more, you can become a member of the Leadership Circle and share the charitable spirit of the many leaders in your community.

- Copper Circle \$500-999 Bronze Circle \$1,000-1,499 Silver Circle \$1,500-2,499 Gold Circle \$2,500-4,999
 Platinum Circle \$5,000-7,499 Palladium Circle \$7,500-9,999 Alexis de Tocqueville Society \$10,000 or more

Please list me/us as an Anonymous Giver in recognition materials.

Print my/our name(s) as follows in recognition materials: _____

Complete for combined gifts only: Spouse's Name: _____ Spouse's Gift Amount: \$ _____

Spouse's Employer: _____

4 THIS IS HOW I WANT TO GIVE: (PLEASE PRINT)

OPTIONAL INFORMATION

I would like my gift to meet the needs in the county as determined by the United Way.

By checking this box, I am assuring that knowledgeable community volunteers will assess local needs, evaluate agency performance, and direct my gift to programs that best meet those needs. If I have checked this box, I can stop now.

Or, of my total gift, please use \$ _____ to meet the needs as described above, and direct the following amounts to one or all of the **top four needs** in the community (listed below) as defined by the Needs Assessment (please note, your donation will go to new or existing programs that serve the top four needs as determined by the Planning and Allocations Committee of the Sheboygan & Plymouth Area United Way):

\$ _____ Drug & Alcohol Abuse \$ _____ Support for Healthy Families \$ _____ Positive Youth Development \$ _____ Elderly Care & Support

Or, Please direct \$ _____ to the following non-profit agency or other United Way. I know that these dollars will not be reviewed by local United Way volunteers and will choose the agency whose management I trust to use my gift wisely (see reverse side).

I am also aware that dollars designated here may or may not raise the amount allocated annually to the United Way Affiliated Agency that I choose.

Agency or other United Way name: _____

Please forward my name on to the designated agency.

No goods or services have been given in return for this gift.

Thank you for your gift.

2020 Erie Ave ♦ Sheboygan, WI 53081 ♦ phone (920) 458-3425 ♦ fax (920) 458-3426 ♦ sauw@sauw.org

WHITE-EMPLOYER • YELLOW-UNITED WAY • PINK-EMPLOYEE

Understanding the Sheboygan & Plymouth Area United Way

MISSION: To provide leadership in building a stronger and healthier Sheboygan County, by uniting resources and human needs to empower individuals to improve their lives.

VISION: To create a measurably better life for the people of Sheboygan County.

“Partners in Caring”

For more information on one of our funded programs, please contact the Sheboygan & Plymouth Area United Way at (920) 458-3425, or call one of our “partners in caring” at their telephone number listed below:

American Red Cross

(920) 457-7739

Aurora Visiting Nurse Assoc.

(920) 458-4314

Big Brothers & Big Sisters

(920) 458-0111

Boy Scouts of America

(920) 458-3538

Boys & Girls Clubs

(920) 565-4114

Catholic Charities

(920) 458-5726

Children’s Service Society

(920) 458-5062

Family Connections, Inc./REACH

(920) 457-1999

Family Resource Center

(920) 208-6266 or

(920) 892-6706

Family Service Association

(920) 458-3784

Foster Grandparent Program

(920) 459-0453

Girl Scouts of Manitou Council

(920) 565-4575

Hmong Mutual Assistance Assoc.

(920) 458-0808

Lutheran Social Services

(920) 458-8381

Meals on Wheels of Sheboygan Co.

(920) 451-7011

Mental Health Association

(920) 458-3951

Partners for Community

Development

(920) 459-2780

Rainbow Kids, Inc.

(920) 452-2838

Rehabilitation Center of Sheb.

(920) 458-8261

Safe Harbor of Sheboygan Co.

(920) 452-8611

The Salvation Army

(920) 458-3723

St. Nicholas Hospital Home

Health & Hospice

(920) 457-5770

Sharon S. Richardson

Community Hospice

(920) 467-1899

Sheboygan County 4-H Leaders

Association

(920) 467-5744

Sheboygan County Interfaith

Organization

(920) 457-7272

Thank you for supporting the Sheboygan & Plymouth Area United Way. Your gift helps make our mission and vision plan possible, enabling us to build a stronger community.