

# **GIVING FORM**

| STEP 1   | MY INFORMAT   | ION   |   |  |          |
|--|---|---|---|--|----------|
| FIRST NAME   | N   | M.I.  | LAST NAME   |  | SUFFIX   |
| MAILING ADDRESS  | :   |   |   |  |          |
| CITY   |   |   | STATE   |  | ZIP CODE |
| PHONE NUMBER   | Cell Home W   | ork EN  | MAIL ADDRESS [  | Personal Work  |          |
| EMPLOYER (If appl  | icable)   | E   | EMPLOYEE ID (If ap  | pplicable)   |          |
| STEP 2   | MY INVESTMI   | ENT   |   |  |          |
| Check or Cash  | Amount: \$  | Check #:                                      |   | Check Date:  |          |
| Credit Card Visa or Mastercard ONLY Accepted                               | Amount: \$  | Card #: _                                     |   |  |          |
|  | Exp. Date:  | CVV:  | E   | Billing Zip Code:  |          |
| Stock  | Amount: \$  | Stock Na                                      | ime:  | Est. Date: _   |          |
| STEP 3   | MY IMPACT (   | optional)                                     |   |  |          |
| Community<br>Action Fund<br>(Impacting the<br>most people)<br>\$<br>Amount | Community Partnership for Children (CPC)  \$ Amount | Providing Access To Healing (PATH)  \$ Amount | Volunteer<br>Center of<br>Sheboygan<br>County<br>\$<br>Amount | Other  Agency Name  Signature Signature Amore                            | unt      |
| STEP 4   | MY INVOLVEN   | MENT  |   |  |          |
|  | gift to remain anonymo<br>spouse/partner's name     | •   |   |  |          |
|  | ADERS: I am pledging \$                             |   | ould like to be recog   | USE/PARTNER EMPLOYER gnized as an Emerging Lead continue my involvement. | der.     |

SIGNATURE DATE



**Mission**: To improve lives and community conditions in measurable, lasting ways

**Vision**: A community where everyone can achieve their full potential

# ONE GIFT. IMMEASURABLE IMPACT.

With one gift, you help more than 44,000 people in Sheboygan County. United Way of Sheboygan County does what no single organization can do alone: Tackles the most pressing needs in our community by focusing on the building blocks of success; education, health, financial stability, and basic needs.

This change cannot happen alone. Our community needs YOU.

### THE DIFFERENCE YOUR DOLLARS MAKE

### \$25 GIFT

covers the application fee when applying to rent an apartment



provide food for a classroom of students during good food education

#### \$100 GIFT

provide a family of four with childcare copayments for one month

### \$250 GIFT

covers the cost of two (2) 1-hour budget and credit counseling sessions complete with an action plan, realistic budget, and follow-up

#### \$500 GIFT

provides advocacy services for a child that has been found to be in need of protection and services for three months

### UNITED WAY OF SHEBOYGAN COUNTY PARTNER AGENCIES

Alzheimer's Association (Southeastern WI Chapter) Lakeshore CAP Inc. of Wisconsin American Red Cross of Northeast WI Big Brothers Big Sisters of Sheboygan County Boys Scouts of America Bay-Lakes Council Boys & Girls Clubs of Sheboygan County CASA of East Central Wisconsin **Catholic Charities** Consumer Credit Counseling

Family Connections Family Resource Center of Sheboygan County Foundations Health and Wholeness Girl Scouts of Manitou Council

Partners for Community Development REINS, Inc. Safe Harbor of Sheboygan County Salvation Army Sheboygan Sheboygan County Food Bank Sheboygan County Interfaith Organization

Lakeshore Regional Child Advocacy Center

Meals On Wheels of Sheboygan County

Mental Health America Lakeshore

**Nourish Farms** 

#### **COMMUNITY IMPACT INITIATIVES**

#### **Community Partnership for** Children (CPC)

Focused on youth support for ages 0 to 6

## **Providing Access To Healing**

Focused on youth mental health

#### **Volunteer Center of Sheboygan** County (VC)

Focused on volunteerism