

## FOUNDATION GIVING FORM

At United Way of Sheboygan County, we invest in vital programs that help 45,000 people in our community stay healthy, housed, and fed – especially when no other help is available. Now more than ever, your gift protects our most vulnerable neighbors, right here in Sheboygan County.

STEP 1 INFORMATION			
FOUNDATION NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME	EMAIL	OPT-IN: I would like to receive montl about needs in our community and t	hly updates from United Way of Sheboygan County he impact of my gift.
STEP 2 INVESTMENT			
CHECK OR CASH  ☐ Check Amount \$  ☐ Cash Amount \$		Check #	Date
ACH/ELECTRONIC Amount: \$ Please email give@uwofsc.org for bank information.			
☐ I would like United Way staff to contact me regarding how to donate stock.			
PAYMENT FREQUENCY  One-time gift  OR  \$ amount will be sent annually over years			
STEP 3 IMPACT This section is optional.			
Community Action Fund  Supporting 17+ local nonprofits and responding to greatest needs in Sheboygan County  Sheboygan County  Community Partnership for Ch	& ity <sup>Co.</sup>	Mental Health & Healthy Community Supporting Providing Access to Healing (In-school therapy)	Volunteerism & Community Service Supporting the Volunteer Center of Sheboygan Co.
\$\$ AMOUNT AMOUNT	_	\$	\$ AMOUNT
STEP 4 YOUR COMMIT	MENT		
SIGNATURE		DATE	
The foundation would like to remain anonymous on public materials thanking donors.			