

UWHCM Campaign Pledge Form



United Way of
Henry County & Martinsville

Participant's Information (Please Print clearly)

Mr. Mrs. Ms. Dr.

Employer / Occupation _____

First Name _____ Middle Initial _____ Last Name _____ Preferred Pronouns: He/Him She/Her They/Them

Address _____ City _____ State _____ ZIP _____

Email Address: _____ Phone: _____ Home Mobile

Preferred Contact Method: Phone Email US Mail SMS/Text

Payroll Deduction

I will contribute the following amount
each pay period: \$ _____

Weekly (52) Bi-Monthly (24)
 Bi-Weekly (26) One-Time (1)
 Monthly (12) Other: _____

Total Amount: \$ _____

Direct Bill Me

I authorize the United Way of Henry County & Martinsville
to **Bill Me** in the amount of \$ _____ at a

Quarterly (4) One-Time (1)

frequency as my Contribution to the Annual Campaign.

Please allow my **initial** billing date to be as follows:

MM/DD/YYYY: _____

NOTE: Due to the nature of this transaction UWHCM
Requires a minimum of \$25 per billing period.

Please Bill Me via: Email US Mail

Bill me at the address listed above

Billing address is separate from above information:

Billing Address: _____

Total Amount \$ _____

One time Total Gift Enclosed

I have enclosed my gift in the form of:

Cash / Check

Please make checks payable to: United Way of Henry County & Martinsville

Total Amount: \$ _____

By donating **\$11 or more monthly**, or **\$130+ total annually** to the United Way Campaign, you are eligible to receive our **Community Care Card** that provides you with **discounts at local restaurants and businesses** throughout Henry County & Martinsville.

Leadership Circle Honors are granted to those who give at least \$600 total to the annual campaign.

We value your gift, and would love to recognize your direct impact on our community. Respectfully, if you wish for your gift to remain anonymous, please let us know below:

Signature _____ Date: _____

Please **combine my recognition** with my spouse / significant other.

List our names as: _____

Please recognize my / our gift in **honor** of: _____

I wish for my gift to be **anonymous**.

MY IMPACT DESIGNATIONS (optional)

Option A

United Way of Henry County & Martinsville Community Fund \$ _____ -The Most Powerful Way to Invest Your Gift.

Option B

United Way Initiatives: MHC Partners for Children: \$ _____ Dolly Parton Imagination Library (\$27/child): \$ _____ Financial Stability: \$ _____

Option C

Detailed Designation (\$25 minimum) \$ _____ Agency Code(s): _____

(See back for listing of eligible agency codes)

Thank You for Your Contribution to the United Way of Henry County & Martinsville!



United Way of
Henry County & Martinsville

Total Pledge Amount: \$ _____

Pledge Date: _____

In compliance with the Internal Revenue Code, we the United Way of Henry County and Martinsville acknowledge that no goods or services were exchanged in consideration of this contribution. Please retain a copy of this form for tax purposes. EIN 54-0753318.

The United Way Community Impact Fund

United Way of
Henry County & Martinsville



Option A - *The Most Powerful Way to Invest Your Gift*

With more than **200 volunteers** and nearly **3,200 donors** in our area each year, the **United Way of Henry County & Martinsville** is our community's *largest* privately-funded nonprofit, addressing the community's immediate and long-term needs in **education, financial stability, and healthy living**: the building blocks for a **good quality of life**.

Community Impact Grants are how we invest your contribution into our community. **Funding decisions** for Community Impact Grants are made **annually** through a vetting process **lead by the Community Review Panel**. The Community Review Panel ensures your contribution *has the greatest community impact* within our area.

If you are interested in serving on our next **Community Review Panel** reach out to **Philip Wenkstern** at **276.403.5961** or by email at philip@UnitedWayofHCM.org. *Thank you for your interest and support!*

United Way Initiatives

Option B – *Assign your gift, or a portion of your gift, to one (or all), of our local initiatives.*

MHC Partners for Children's mission is to ensure that ALL children, birth to age 5, in our area will have caring, responsible adults who have access to resources to provide for their children's social, emotional, physical and academic development.

Dolly Parton's Imagination Library puts books into the hands and hearts of children across the world. They partner with UWHCM to provide a hand-selected, age-appropriate, high-quality book each month to registered children from birth to age five.

Financial Stability initiatives include UWHCM partner-programs that impact the community at an individual level. Past partnerships include VITA (Volunteer Income Assistance) free tax preparation, Money Management Mentoring Programs, Financial Wellness at Work initiatives, and preparing high school seniors to maintain real-life finance through the Dollar Sense and Reality Fair.

Detailed Designation

Option C – *Assign your gift, or a portion of your gift, to any of the community agencies listed below.*

******TO ENSURE ACCURATE DESIGNATION PLEASE LIST THE THREE-LETTER AGENCY CODE ON THE FRONT (OR PAGE 1) OF THIS FORM******

		FIA	Friends of Infinity Acres Ranch	RRS	Ridgeway Rescue Squad
ANC	Anchor Commission	FMY	Family YMCA	SAM	Salvation Army
ARC	American Red Cross	FOY	FOCUS on Youth	SSR	Southside Survivor Response Center
BRS	Bassett Rescue Squad	GSS	Girl Scouts	SSS	Stepping Stones
BSA	Boy Scouts	GNW	Grace Network	STP	STEP, Inc.
BGC	Boys & Girls Club	HFP	Henry County Food Pantry	VLA	Virginia Legal Aid Society
CDC	Community Dream Center	HRS	Horsepasture Rescue Squad	Ouw	Other United Way-fill in location
EAD	Edwards Adult Day Care	PCS	Piedmont Community Services		<i>(List as Option C on front)</i>
FCR	Fieldale-Collinsville Rescue Squad	PVD	Piedmont VA Dental Health Foundation		

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