



2025 CAMPAIGN DONATIONS

MISSION STATEMENT: At United Way of the Black Hills, we unite people and resources to improve lives in the Black Hills by delivering measurable long-term solutions to community issues in **education, financial stability and health**. For more information look on the backside of this pledge form.

UWBH USE:

621 6th St Ste 100, Rapid City, SD 57701 | Phone: 605-343-5872 / Fax: 605-343-9437 | Email: info@unitedwayblackhills.org | www.unitedwayblackhills.org

Please PRINT

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ BRANCH/DEPARTMENT _____
(If giving through an employee campaign)

BUSINESS PHONE _____ BUSINESS EMAIL _____

CELL PHONE _____ PERSONAL EMAIL _____

USE MY DONATION IN THE SELECTED COMMUNITY: Rapid City Sturgis Northern Hills Southern Hills

My contribution will be used to support the greatest need in my area if no selections are made.

EDUCATION

- Dolly Parton's Imagination Library Program
- Black Hills Reads
- Mentorship & After School Programs
- Early Childhood Education & Child Care
- Access to Books

_____ % OF MY GIFT

FINANCIAL STABILITY & BASIC NEEDS

- Basic Needs & Economic Assistance
- Economic & Job Opportunities
- Affordable Housing
- Financial Education & Services
- Affordable Transportation

_____ % OF MY GIFT

HEALTH

- Mental Health Services
- Substance Abuse Counseling
- Home and Family Life Services
- Food Security
- Health Services

_____ % OF MY GIFT

Payroll Deduction

\$ _____ x _____ = _____
Amount per pay period # of pay periods in full year

\$ _____
Total payroll deduction

Consider "A Dollar A Day For United Way" (\$365) _____

\$ 365
\$1/day amount (\$365)

FAIRSHARE GIFT
(One hour's pay per month) \$ _____ x 12 months = _____
Hourly rate of pay

\$ _____
Total fairshare pledge (for year)

Direct Bill

CHECK/CASH \$50 \$100 \$150 \$200 \$250
(Must be attached)
 Other Amount: \$ _____
Ck# _____ Date: _____

\$ _____
Total amount enclosed

BILL ME* Monthly Quarterly One Time _____
(Home address required above)
* Required minimum donation of \$100.

\$ _____
Total amount billed

AUTOMATIC BANK WITHDRAWAL (Must enclose voided check)
Monthly withdrawals of \$ _____ will begin January 20th _____

\$ _____
Total annual withdrawal amount

CREDIT CARD
Visit www.unitedwayblackhills.org Then click "Donate"
Please notate employer in comment box.
Monthly withdrawals of \$ _____ will begin January 20th _____

\$ _____
Total credit card amount

SIGNATURE _____
(My signature authorizes my pledge)
DATE _____

TOTAL GIFT OF:
\$ _____
Sum of ALL annual contributions listed above

LEADERSHIP GIVING LEVELS

- Pacesetter**
\$300-\$499 per yr.
- Pillar**
\$500-\$999 per yr.
- President's Circle**
\$1,000+ per yr.

Please list my name (and spouse) in the **Leadership Directory** as shown below:

Please Print:

OR

I wish to remain anonymous

We
LIVE
Here.

We
GIVE
Here.

It
STAYS
Here.

**TOP 7 PRIORITY NEEDS IN
OUR 3 FOCUS AREAS**



1. Mental Health



2. Counseling /
Substance Abuse
Services



3. Education



4. Food Security



5. Abuse & Neglect



6. Affordable
Housing



7. Economic
Opportunities &
Transportation

\$1 A DAY...

(one less coffee or take out lunch a week)
Your \$365 donation can provide:

\$30 provides 1 child age 0-5 a book
per month for a year

\$50 provides 2 peer mentoring sessions
for students struggling in school

\$75 provides 3 children a face-to-face
advocacy volunteer visit

\$50 provides 2.5 hours of educational
addiction prevention counseling

\$95 provides 2-4 people a one night stay
in a hotel room for emergency or
temporary shelter

\$25 provides a week of meals, safety
checks & companionship to a senior
neighbor

\$40 provides 8 people connections to
assistance for family, health,
& disaster-related needs

**By giving to United Way of the Black Hills
you diversify your donation to serve
many needs!**