2026 CAMPAIGN DONATIONS

UWBH USE: Dep. Date

UNITED WAY of the Black Hills

Your gift will make a lasting impact. When you give to UWBH, together we improve the lives of those in our communities. Every family deserves to thrive.

Please PRINT

FIRST NAME	MI	LAST NAME
HOME ADDRESS		
CITY	STATE	ZIP
EMPLOYER		BRANCH/DEPARTMENT
BUSINESS PHONE	BUSINESS EMAIL	
CELL PHONE	PERSONAL EMAIL	

Impact Areas

EDUCATION

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

FINANCIAL STABILITY & BASIC NEEDS

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

HEALTH

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

OR

☐ I want my gift to create real solutions to cover ALL impact areas of need for our communities.

☐ Apply all of my gift to a specific impact area _____

To learn more or to sign up for our newsletter:

Payroll Deduction

☐ $ _____ (Amount per pay period) x _____ (# of pay periods in full year) = ...

☐ Consider "**A Dollar A Day For United Way**" ($365) .....

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

$ 0 Total payroll deduction

$ 365 $1/day amount ($365)

$ 0 Total fairshare pledge (for year)

Our Legacy Giving Options

- Beneficiary Designations
- Bequests
- IRA RMD's
- Stock

To learn more about planning your legacy, visit unitedwayblackhills.org or contact Mari Sheldon at 605-545-9048 or mari@unitedwayblackhills.org

Direct Bill

☐ **CHECK/CASH** *(Must be attached)* ☐ $50 ☐ $100 ☐ $150 ☐ $200 ☐ $250

☐ Other Amount: $ _____ .....

Ck# _____ Date: _____

$ Total amount enclosed

☐ **BILL ME*** *(Home address required above)* ☐ Monthly ☐ Quarterly ☐ One Time .....

Required minimum donation of $100.

$ Total amount billed

☐ **AUTOMATIC BANK WITHDRAWAL** (Must enclose voided check)

Monthly withdrawals of $ _____ will begin January 20th .....

$ 0 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

Sign

SIGNATURE _____

(My signature authorizes my pledge)

DATE _____

TOTAL GIFT OF:

$ 0

Sum of ALL annual contributions listed above

LEADERSHIP GIVING LEVELS

☐ **$300-$499 per year**

☐ **$500-$999 per year**

☐ **$1,000+ per year**

☐ 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.

100% OF YOUR GIFT TO UWBH SUPPORTS PROGRAMS IN YOUR COMMUNITY

2-1-1 Helpline Center
American Red Cross-Central & Western SD Chapter
Belle Fourche Senior Citizens Center
Big Brothers Big Sisters
Black Hills Area Habitat for Humanity
Black Hills Center for Aging
Black Hills Special Services Cooperative
Black Hills Works Inc.
Boys & Girls Clubs of the Black Hills
C.O.R.E-Community Organized Resources for Educating Youth
CASA 7th Circuit
CASA of the Northern Hills
Catholic Social Services
Children's Home Society of South Dakota
Compass Point
Consumer Credit Counseling Service of the BH
Crisis Intervention Shelter Service
Custer School District
Early Childhood Connections
EmBe
EmpowerEd
Fall River Health Services
Feeding South Dakota
Fork Real Community Cafe Inc
Friends of the Children-He Sapa
Hot Springs Ministerial Assoc.
Journey On Inc.
Kids Club Kids
Lifeways
Literacy Council of the Black Hills
Lost and Found Assoc.
Lutheran Social Services of South Dakota
Meals on Wheels - Western SD
Minneluzahan Senior Citizens Center
NAMI South Dakota
NeighborWorks Dakota Home Resources
OneHeart
Prairie Hills Transit
Rapid City Club for Boys
Rural America Initiatives
SHIFT Garage
SunCatcher Theraputic Riding Academy Inc.
TeamMates Mentoring Program
The Salvation Army of the Black Hills
Victims of Violence Intervention Program
Volunteers of America Inc.
Wellfully
Western South Dakota Community Action
Women Escaping a Violent Enviroment (WEAVE)
Working Against Violence Inc.
YMCA of Rapid City
Youth and Family Services, Inc.

$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

Mission: 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.

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