



TELL US ABOUT YOURSELF:		
First Name:	Last Name:	
Home Address:		
City:	State:	Zip:
Email:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
List me in recognition materials as:		I prefer no public recognition: <input type="checkbox"/>

**WE VALUE OUR RELATIONSHIP WITH YOU AS A DONOR. WE WILL NEVER RENT, SELL OR SHARE YOUR INFORMATION WITH THIRD PARTIES.**

TELL US HOW YOU WANT TO GIVE:		
<b>A. Payroll Deduction</b>	\$ Per Pay Period:	# of Pay Periods: (Choose One) <input type="checkbox"/> 1 <input type="checkbox"/> 26 <input type="checkbox"/> other: #
<b>B. Cash / Check</b>	\$ Amount:	Check #:
<b>C. Credit Card</b>	Card #:	Exp. Date:
	Card Company:	CVC #:
<b>Total Donation</b>	\$ Amount:	

Signature:	Date:
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TELL US WHERE YOU WANT TO GIVE (optional):		<i>Partner Agencies listed on back of form</i>
Focus Area	Partner Agency/ Program Name	\$ Amount
United Way of GWP		
United Way – Packing for the Weekend	City:	
Partner in Education		
Partner in Health		
Partner in Basic Needs		
<b>Non – Partner Human Services Agency</b>	<b>\$100 min. donation / 15% Processing fee will be retained</b>	<b>\$ Amount</b>
Agency Name:		
Address:		City/State/Zip:

Are you planning to retire in the coming year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Planned Date:
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Would you like to receive our E – News? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**THANK YOU FOR YOUR GIFT**

As required by law, United Way GWP acknowledges no goods or services were exchanged for your contribution. Please maintain a copy of this form for your records. A 15% processing fee is assessed to all gifts designated to non-partner agencies. All gifts are tax deductible to the extent provided by IRS regulations. Please Consult with a tax advisor for further information.



HEALTH	EDUCATION	BASIC NEEDS
Art and Soul	Colvill Kids Preschool	CommonBond Communities
CARE Clinic	Goodhue County Education District – SEA Program	GC Habitat for Humanity
Elder Network	Hispanic Outreach RISES	Hispanic Outreach – Direct Services
Faith in Action – Red Wing	Serve MN – Reading Corps	HOPE Coalition – Community Care Fund
Goodhue County Child and Family Collaborative – Mental Health	Wabasha Kellogg Early Learning Program	HOPE Coalition – Housing Support
Goodhue County Child and Family Collaborative – Adverse Childhood Experiences	YMCA Sunshine Corner Preschool	Plum City Food Pantry
Hiawatha Valley Mental Health Center – Adult Rehabilitative Health Services	Youth Outreach – Independent Living Skills	ProAct – Supported Employment
Hiawatha Valley Mental Health Center – Dialectical Behavior Therapy	Youth Outreach – Mentoring	Red Wing Youth Outreach
HOPE Coalition – Kids Count		St. Crispin – Meals on Wheels
HOPE Coalition – Sexual Assault Resources		Semcac Senior Dining
Live Healthy Red Wing		Three Rivers – Economic Bridging
Red Wing Community Recreation		Three Rivers – HART Volunteer Transportation
		Three Rivers – Home Delivered Meals

## Goals of United Way of Goodhue, Wabasha & Pierce Counties

**HEALTH:** Promoting healthy behaviors and access to equitable, quality care to support multifaceted wellbeing.

**EDUCATION:** Promoting the successful development of young people in our communities.

**FINANCIAL MOBILITY/BASIC NEEDS:** Ensuring all residents in our communities have equitable opportunity for financial mobility and all basic needs are met.

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