

2023 IMPACT BY THE NUMBERS

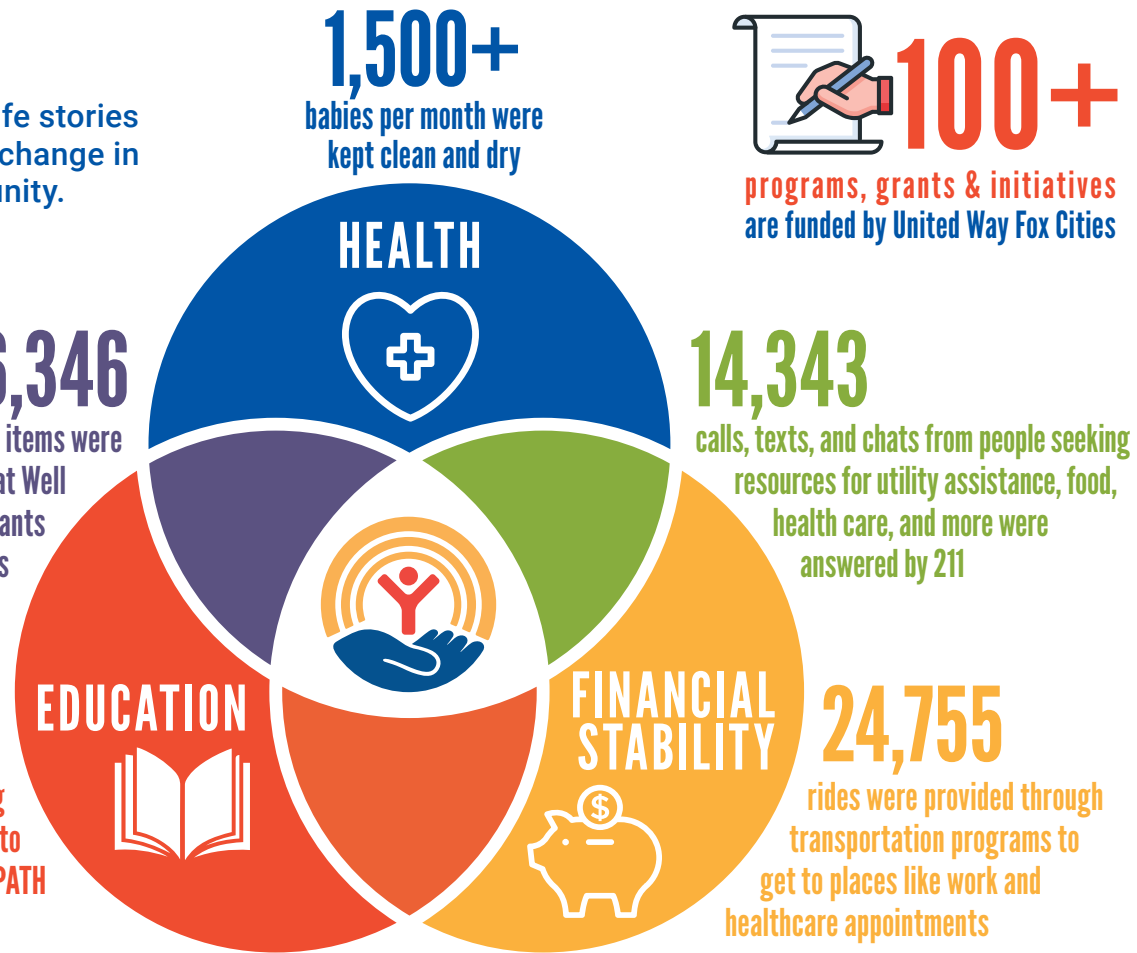
UnitedWayFoxCities.org

Strengthening neighbors from the earliest years through adulthood.

IMPACT STORIES



Read real-life stories of positive change in our community.



90% of students reported improved symptoms after their counseling sessions

130,000 + COMMUNITY MEMBERS WERE POSITIVELY IMPACTED

926,278 diapers were provided through the Kimberly-Clark Diaper Bank

19,622 children received free books and literacy coaching through Reach Out and Read Fox Cities

11,235 service hours were provided by Be Well Fox Valley AmeriCorps members at 11 nonprofits

EVERY GIFT makes a difference!

Your gift improves the lives of 1 in 3 people in the Fox Cities. Thank you!

Enter United Way Fox Cities' sweepstakes for a chance or **TWO*** to

WIN A 2024 FORD BRONCO SPORT!

Donated by Bergstrom Automotive



Any United Way Fox Cities donor that timely gives a new, undesignated gift of \$1.00 per week (\$52 a year) or more – or maintains their prior year gift of at least \$1.00 per week (\$52 a year) – will be eligible for one entry into the sweepstakes.

NEW! A CHANCE FOR A SECOND ENTRY!

*Any United Way Fox Cities donor that previously made a gift of \$1.00 per week (\$52 a year) or more in the prior year will be eligible for a second entry into the sweepstakes when they increase their gift by at least an additional \$1.00 a week (additional \$52 a year). Maximum of two entries per person.

Pledges must be received by United Way Fox Cities on or before 12/13/24 to qualify for the drawing. Void where prohibited. No gift necessary.

For complete rules and more information, visit UnitedWayFoxCities.org.

 Cut pledge form here and return to your Workplace Campaign Champion or mail back to the address on the pledge form below.

PLEDGE FORM

1

Your Information

United Way Fox Cities
1455 Midway Road • Menasha, WI 54952
920-954-7210 • UnitedWayFoxCities.org

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

I/We prefer to be anonymous. Work E-mail _____ Personal E-mail _____

Birthdate ____ / ____ / ____ Preferred Method of Contact Work E-mail Personal E-mail Preferred Phone

(for sweepstakes, LINC, and Emerging Leaders eligibility) By checking a box above, you consent to be contacted via that method. If you wish to opt out or change your preferred method of contact at any time, you can do so by contacting andar@unitedwayfoxcities.org. By opting out, you acknowledge that you may not receive communication via your preferred method but may still be contacted through alternative means.

Home Address _____ City _____ State _____ ZIP _____

Preferred Phone _____ Cell Home Work Phone _____ Ext. _____

Employer Name _____ New employer in the last year Retiring within one year

All information is kept confidential and is used only by United Way Fox Cities. We do not sell or share our list of contributors with other organizations. We do not provide goods or services in whole or for partial consideration for any contribution made to the organization via this pledge form. Read our complete privacy and designation policies online at UnitedWayFoxCities.org.

2 Your Gift Payment Options

PAYROLL DEDUCTION

▶ Number of pay periods _____

I want to contribute the following amount per pay period:

\$100 \$75 \$50

\$25 \$10 Other \$ _____

One hour's pay per month \$ _____ (hourly rate)

Make my total deductions equal: \$ _____ (United Way will do the math to determine amount/period.)

One-time deduction of \$ _____ (if company allows)

My gift can be combined with my spouse's / partner's gift to United Way Fox Cities.

Spouse/Partner Name: _____

Spouse/Partner Company: _____

DIRECT GIFT

(Cash, Check, and Credit Card Options)

Cash

Amount \$ _____

Check

(Payable to United Way Fox Cities)

Check # _____

Amount \$ _____

Optional Designation: Please direct the following amount(s) (\$50 min.) from my total gift to the organization(s) listed below. Note: Any funds not allocated to a specific organization will default to United Way Fox Cities.

Agency Named Below \$ _____

Other United Way Named Below \$ _____

Agency/Other United Way Name, Mailing Address, City, State, Zip Code: _____

Credit Card Amount \$ _____

Your credit card may be processed after your requested date. To ensure your credit card contribution is processed before year end, please make a gift online: www.UnitedWayFoxCities.org/Give.

Visa Discover MasterCard American Express

Account #: _____

Expiration date: _____ Security Code: _____

One-time gift to be charged on ____ / ____ / _____

Recurring Monthly (1st of the month starting January)

Recurring Quarterly (1st of January, April, July, and October)

MY TOTAL GIFT \$ _____ Amount

Sign: _____ Date: _____

THANK YOU!

Your gift makes a difference in the lives of 1 in 3 people in our community.

I/We prefer to be anonymous. Do not release my/our name(s) to the designated agency(ies).