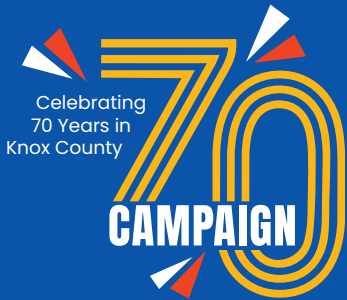




UNITED WAY
Knox County, IN

COMMUNITY CAMPAIGN
PLEDGE CARD 2026

1

MY INFORMATION (please complete all lines)

FIRST NAME

LAST NAME

ADDRESS

CITY, STATE, ZIP CODE

CELL PHONE (OPTIONAL)

EMPLOYER

ZIP CODE

*EMAIL ADDRESS (REQUIRED)

***In an effort to "go green" we will use email for all future communications including tax receipts.**

2

MY SUPPORT (How You Would Like To Make Your Contribution)

☐ DONATION ENCLOSED

TOTAL DONATION \$ _____

☐ PERSONAL CHECK

☐ CREDIT CARD

☐ CASH

Secure credit card payments can be made at
unitedwayofknoxcounty.org

OR _____

☐ BILL ME

☐ By December 31, 2026

☐ Semi-Annually in 2027

☐ One Time in _____, 2026 or 2027

☐ Quarterly in 2027

LEADERSHIP GIVING

A gift of \$1,000 or more is recognized among Leadership Giving in our community. If your spouse/partner gives separately, you may combine your gifts for recognition at this level. Please share with us how you would like your generous gift recognized:

Print name as it shall be listed in printed materials

Spouse/Partner Name

Spouse/Partner Workplace

\$ _____
Spouse/Partner Gift if giving separately

3

MY INVESTMENT (How You Would Like To Invest Your Contribution)

☐ INFLUENCE THE CONDITION OF ALL!

I choose the United Way of Knox County Community Impact to maximize changes for all Knox County individuals and families. I know my gift will be used for the most current needs of my community.

Any new donation OR an increase over your last donation will be matched by our United IN Grant to increase our impact work.

OR

☐ WHERE WOULD YOU LIKE YOUR GIFT TO MAKE AN IMPACT?

☐ EDUCATION ☐ HEALTH ☐ FINANCIAL STABILITY

☐ DISASTER RELIEF ☐ HOMELESSNESS ☐ PARTNER AGENCY:

☐ OTHER UNITED WAY (See designated policy on reverse side.)

UNITED WAY NAME \$ AMOUNT

☐ NON-PARTNER AGENCY (See designated policy on reverse side.)

AGENCY NAME \$ AMOUNT

4

MY APPROVAL

SIGNATURE _____

DATE _____

THANK YOU!

PARTNER AGENCIES

These are organizations the United Way of Knox County partners with for funding & collaboration purposes.

Access to Health (GSH Foundation)

American Red Cross

AngelWorx - Generations

B.A.B.E. STORE

Bettye J. McCormick Senior Center

Blue Jeans Community Center

CASA (Court Appointed Special Advocates)

Family Health Center

Girl Scouts of Southern Indiana

God's Pantry (Oaktown)

Good Samaritan Perinatal Support

Grasshopper Group (Children & Family Services)

Heart to Heart Women's Pregnancy Resource Center

Helping His Hands

Hope's Voice (Domestic Violence)

Isaiah 117 House

KCARC

KETA (Kids Equipped to Achieve)

Knox Family Recovery Court

LAM (Life After Meth)

Meals on Wheels - Nutrition program of Generations

Mental Health America - Knox County Chapter

North Knox Social Ministries

On Eden's Wings

Red Skelton Needy Children's Fund

Salvation Army

SHAPE program

StandUp Foundation

SuperMENTors - PACE

Vincennes YMCA + VanGo

Vincennes Community Food Pantry

WE PARTNER WITH 30 AGENCIES AND 31 PROGRAMS IN KNOX COUNTY

DESIGNATION POLICY

Other United Ways + Non Partner Agencies

Designations are not necessary, but if you designate your contribution, please follow these required guidelines:

Designations must be a 501c3 Not-for-Profit, Health & Human Service Organization recognized by the IRS and not on the Homeland Security Watch List

You must write in the agency's name, address, city, and state

Only after organization verification, meeting the standards, and receipt of the funds, will money be sent

Must be a minimum of \$50 per designation

An administration and campaign cost fee of 15% will be deducted from all non-partner agencies

Designations not meeting the requirements will be redirected to the Community Impact Fund of United Way of Knox County



UNITED WAY
Knox County, IN
Crawford County, IL

812-882-3624

unitedwayofknoxcounty.org

316 Main Street, Suite A - PO Box 198
Vincennes, Indiana 47591



SCAN TO WATCH THE UNITED IS THE WAY™ CAMPAIGN PSA