TOGETHER WE CAN
MAKE A DIFFERENCE

WHEN ALL THE PIECES WORK TOGETHER THERE IS NO LIMIT TO WHAT WE CAN DO!

DURING FY 16-17, YWCA PROGRAMS AND SERVICES PROVIDED SUPPORT TO MORE THAN 3,200 WOMEN, CHILDREN AND FAMILIES IN BLACK HAWK COUNTY

$1500
PROVIDES A NUTRITIOUS MEAL FOR PASS PARENTS AND THEIR CHILDREN TWICE MONTHLY FOR A YEAR

$300
ASSISTS AN IMMIGRANT OR REFUGEE FAMILY TO INTEGRATE MORE FULLY INTO THE COMMUNITY THROUGH CASE MANAGEMENT SERVICES AND ENGLISH CLASSES FOR ONE YEAR

$70
PROVIDES FINANCIAL ASSISTANCE FOR A WEEK OF SUMMER CHILD CARE TO A SCHOOL-AGED CHILD FROM A FAMILY WITH A LOWER INCOME

$50
SUPPORTS AN INDIVIDUAL TO KNOW THEIR PERSONAL HEALTH RISK FACTORS AND TO BE MORE ACTIVE AND HEALTHIER

YES! I WANT TO HELP THE YWCA OF BLACK HAWK COUNTY!

☐ $50  ☐ $100  ☐ $250
☐ $500*  ☐ $1,000*  ☐ $1,500*
☐ Other ______

*ANNUAL GIFTS AT $500 OR ABOVE QUALIFY YOU FOR INCLUSION IN THE 1884 SOCIETY GIVING CLUB

☐ My gift will be automatically debited from my account monthly. Please contact me.
☐ My company will match my gift. Please contact me.
☐ I am pledging the amount indicated. Please invoice me on ______________________ (date).
☐ My check is enclosed, made payable to: YWCA of Black Hawk County.

“THE YWCA OF BLACK HAWK COUNTY IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL.”

PLEASE CONTINUE ON THE REVERSE SIDE FOR CREDIT CARD AND DONOR INFORMATION.
Please contribute to the YWCA today!

Do you share our vision?

Cedar Valley women and girls are strong, impactful leaders and instruments of change in their community, creating opportunities and providing resources for all to reach their greatest potential.

During Fiscal year 2016-2017 the YWCA provided $122,339.95 in Financial Assistance to 306 individuals to participate in Child Care and Health and Wellness Services.

Do you match?

You can DOUBLE the impact of your donation with a matching gift. Many employers sponsor matching programs for charitable donations. Talk to your employer today!

Please charge my gift to my credit card. (Fill out card information below clearly.)

____Visa  ____MasterCard  ____Discover  Card Number ______________________________

AMOUNT CHARGED_________ EXPIRATION DATE __________

CARD VERIFICATION # (FROM BACK OF CARD) __________________

NAME & ADDRESS (AS IT APPEARS ON THE CARD)

________________________________________________________

________________________________________________________

DONOR INFORMATION: (Please print as you would like to be recognized). □ I wish to remain anonymous

NAME: ____________________________________________________

ADDRESS: ________________________________________________ CITY __________ STATE _____ ZIP ______

PHONE: (______) __________________ E-MAIL ADDRESS: ______________________________

AUTHORIZED SIGNATURE: __________________________________ Date: ____________