

When you give to United Way of Northeast Kentucky, your dollar goes further than any other community investment you can make. There is no single solution to the issues our communities face, which is why we take a multi-faceted approach with our initiatives that get to the root of the problems - education, financial stability, health and basic needs - making your investment more impactful.



“From the way I raised my children there's new ways to raise your grandchildren, so I need to learn that and your donation helps this program to continue.”

Nancy B.



“To have that money that we're giving to turn around and help people that I know and love...was really an eye opener and really made me see why what I'm giving can truly make a difference.”

Casey S.



“We support each other and that's how ideas become real.”

Faith F.



Scan me with your phone to hear the stories.

United Way of Northeast Kentucky utilizes dozens of local volunteers to help identify and devote funding to programs and initiatives dedicated to solving the community's most critical problems.

We welcome your voice to the table.

If you would like to be a member of our Community Investment Team, contact us at 606/325.1810.

To view a list of our 2021 Funded Partners visit: www.uwnek.org/funded-partners

BECAUSE CHANGE DOESN'T HAPPEN ALONE.

CAMPAIGN PLEDGE FORM

1 MY INFORMATION

MR/MRS/MS/DR	FIRST NAME	MI	LAST NAME
HOME ADDRESS (For credit card charges the address listed must be your billing address)			
CITY		STATE	ZIP CODE
COMPANY NAME		DEPT/EMPLOYEE ID NO	
HOME PHONE	DAYTIME/CELL PHONE		EMAIL ADDRESS

2 MY INVESTMENT

- Fair Share Giving (Employer Related)
I wish to contribute one hour of pay per month. Amount \$ _____
- Payroll Deduction (Employer Related)
I will contribute the following amount each pay period: \$1 \$5 \$10 \$20 Other Amount \$ _____
I am paid: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Other _____
Total Gift \$ _____
- By Direct Payment (Non-Employer Related)
I wish to contribute \$ _____ via
 - Cash
 - Check - Payable to: *United Way of Northeast Kentucky*
 - Credit Card (check card type): VISA MasterCard Discover American Express

NAME ON CARD	CARD NO	EXP DATE	CVV CODE	BILLING ZIP CODE
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For All Direct Payment Options, Please Indicate Your Billing Cycle Preference

Please bill me: Monthly Quarterly Semi-Annually Annually Date of First Billing: _____

3 MY IMPACT (Optional)

<input type="checkbox"/> Community Investment Fund - All Programs	<input type="checkbox"/> Health Programs	<input type="checkbox"/> Education Programs	<input type="checkbox"/> Financial Stability Programs
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I verify that I have made the pledge stated above to the United Way of Northeast Kentucky and authorize deductions or payments as indicated on this form.

SIGNATURE	DATE
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- I am interested in: Volunteer opportunities
 Community Investment panel member opportunity