

“The YWCA of Black Hawk County is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.”

- During **Fiscal Year 2012**, we provided programs and services to more than 7,000 women, men, girls and boys in the Cedar Valley
- Grant funding only provides 10% of the funds needed to provide adequate programs and services
- Your donation is 100% tax deductible
- Your support of the YWCA ensures we have the resources to fulfill our mission and provide programming needed in our community.

Here’s what your dollars can do...

Send a child to swimming lessons for a 7-week session, **\$32**

Send a parent and her children to PASS for a month, **\$50**

Assist an adult to participate in health and wellness classes for a year, **\$2150**

Provide a year of English language instruction for a Latina woman, **\$650**

Provide a year of character development programming for a middle school-aged girl, **\$1,200**

Last year, the YWCA provided \$126,806 in financial assistance to 511 individuals to participant in Child Care and Health and Wellness Services.

*Ask yourself...
How can I not help?*

YES! I want to help the YWCA of Black Hawk County!

425 Lafayette
Waterloo, IA 50703
319-234-7589
www.ywcabhc.org

**eliminating racism
empowering women**
ywca
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/quarterly. 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.
- 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: _____