

1 IN 3 NEIGHBORS

...are struggling to afford necessities such as housing, food, and healthcare.

Fiesta Raffle

Donations of \$5/week or more can enter the raffle.



\$5,000 in Gas Cards



\$5,000 Dream Vacation



\$1,250 Gift Card Palooza

This drawing is governed by and shall be run consistent with the Indiana Gaming Commission CG-16 Raffle License 012369. Each prize will be presented to a single winner. Gift certificates worth \$5,000 for gas, courtesy of Tom Naquin Auto Group. Travel voucher worth \$5,000 courtesy of Menno Travel. Gift Cards of various values from various companies. Contributors who give \$5 a week, or a total of \$260 or more annually via payroll deduction, cash, check, or debit card via annual pledge may be eligible. This pledge must be received by 4:30 p.m. on March 31, 2026. The drawing will be held on May 5, 2026, at Crossroads United Way, 601 CR 17, Elkhart, IN. Participants need not be present to win.

OUR PRIORITIES



COMMUNITY RESILIENCY

Strengthening neighborhoods through crisis support, grant sponsorship opportunities, and long-term recovery efforts.



FINANCIAL SECURITY

Empowering families with job training, financial coaching, and free tax prep services like VITA.



HEALTHY COMMUNITY

Promoting well-being with access to health and mental health resources, including SingleCare prescription savings and the 988 crisis line.



YOUTH OPPORTUNITY

Helping kids succeed through Read United, Dolly Parton's Imagination Library, and The Lantern Project—providing books, resources, and parenting tips to support early learning and development.



Crossroads
UNITED WAY

2025-2026 PLEDGE CARD

GIVING A LITTLE

GOES A LONG WAY



UNITED WAY PLEDGE FORM

601 CR 17, PO Box 3048, Elkhart, IN 46516 | crossroadsuw.org
Ph: (574) 295-1650 | give@crossroadsuw.org



Crossroads
UNITED WAY

1 MY INFORMATION

I wish to remain anonymous

We respect your privacy and do not share your information with third parties.

First Name	M.I.	Last Name	Birthdate	Gender
Street Address	City	State	Zip Code	
Primary Phone	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work	Preferred Personal Email
Employer Name (if giving through the employer campaign)				

2 MY CONTRIBUTION

EASY PAYROLL DEDUCTION

I will contribute this amount each pay period:

\$2 \$5 \$10 \$15 \$20

Other: \$ _____

Pay Periods Per Year

Weekly (52) Bi-Weekly (26)

Semi-Monthly (24) Monthly (12)

Other Pay Period option _____

I would prefer a one-time deduction.

TOTAL PAYROLL DEDUCTION \$ _____

MAKE AN IMMEDIATE GIFT

Cash Check # _____
(payable to Crossroads United Way)

One-time/recurring Credit Card

To ensure your privacy, donate at:
crossroadsuw.org



Donor Advised Funds

BILL ME (starting January)

Quarterly Semi-Annually

Annually TOTAL \$ _____

What Your Generosity Makes Possible

- **\$2/week (\$104 annually)** provides 30 meals to families when times are tough
- **\$5/week (\$260 annually)** supports educational success for local children
- **\$10/week (\$520 annually)** helps 50 local residents improve their health

Donor/Leadership Recognition

Donors giving a gift of \$1000 or more will be recognized in our Annual Report.

Give a Gift of Time

I would like to volunteer with Crossroads United Way.

Follow the Impact of Your Gift

Keep me updated. I'd like to receive your monthly newsletter via email.

3 MY IMPACT OPTIONS

Apply my contribution where it is most needed.

Invest my contribution in: Community Resiliency Healthy Community
 Financial Security Youth Opportunity

Designate to another United Way: _____

A minimum \$50 contribution is required for each designation. All designations to another United Way or nonprofits not selected as community partners are subject to a processing fee.

Designate to a specific health and human services agency:

Agency Name and Address (must be 501(c)(3) nonprofit)

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution.

Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Signature: _____

Date: _____