

The Power of the Purse

A *Woman's Purse*, the women's initiative of United Way of Adams County, was created in 2003 as a network of women dedicated to helping resolve foster care emancipation issues in our communities through their collective power, talents, treasures, and passion.

Adams County Children and Youth's Independent Living Program (ILP) is the only safety net for foster youth transitioning to self-sufficiency. That means the youth truly struggle to make ends meet, make questionable decisions and often become a larger cost to the community. By making an investment to better prepare and advise them during the emancipation process and support them during and after their transition, we can enable them to acquire the life-long skills and connections they need to succeed.

A *Woman's Purse* (AWP) makes a positive impact that increases foster youth's ability to connect with caring adults, increase educational attainment, obtain critical life-skills that lead to financial stability, and access support for basic needs.

A *Woman's Purse* is part of a national women's movement at more than 140 United Ways across the country. AWP offers women the opportunity to give, advocate and volunteer on issues affecting foster youth. Women support AWP through individual gifts and the annual Purse Auction. Members can:

- Learn more about the critical issues facing our youth
- Network with other women and community leaders
- Inspire others to community action through mentoring and volunteering
- Attend special events featuring noted speakers and women of influence
- Be recognized as a change leader in Adams County



United Way
of Adams County



*Yes! I want to join
the women of
A Woman's Purse!*

Name _____

Address _____

Phone _____

Email _____

AWP's annual membership contribution is a minimum of \$50.

I would like to make a contribution in memory of:

I would like to make a gift in honor of:

Enclosed is a check for \$_____ made payable to United Way of Adams County.

I have made a pledge through my workplace campaign at _____

Please charge my credit card \$_____

Card Number: _____

Exp. Date: _____ SID # _____

Signature: _____

Please send the completed form to:

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