

Thank You from United Way of Central New York



2016 - 17 Community Campaign Pledge Card

**SPECIAL REQUESTS** - Complete this section ONLY if you wish to designate your gift or exclude an agency from your gift. We ask donors to make special requests at the time of their pledge. Special request donors must also complete the front of this form.

Please consider making at least half of your donation a gift to the whole community through United Way.

Portion of my total gift given to United Way: \$ \_\_\_\_\_

Portion of my total gift designated to the eligible\* organization below \$ \_\_\_\_\_ (\$25 minimum designation per agency)

Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_

Agencies are sent the names of donors who designate their gifts only if United Way receives this information from employers.

Donors may request to make their designated gift anonymously. Check Here  if you do NOT wish us to send your name to the above agency.

I wish to exclude\*\* this United Way agency from my gift: \_\_\_\_\_

\* ELIGIBLE ORGANIZATIONS include: Other United Ways and 501(c)(3) health and human service organizations located in New York State or where the donor resides. Agencies must comply with the Federal Patriot Act to receive funding.

\*\* EXCLUSION: When donors ask to exclude an agency from their gift, the actual amount withheld is calculated on a pro-rated basis. United Way modifies allocations when total exclusions to an agency reach 5 percent or more of their total allocations.

Gifts to United Way agencies are treated as the "first dollars" toward an agency's annual allocation. United Way supplements these dollars with funds given directly to United Way to complete the agency's total annual allocation. In the event that designated gifts exceed the agency's annual United Way allocation, the agency will receive this larger amount. Designated gifts to agencies outside our funding system are sent quarterly from actual funds received.

FINANCIAL ACCOUNTABILITY: Donors are welcome to request detailed financial information about United Way. Copies of this information are available from us: United Way of Central New York, 518 James Street, P.O. Box 2129, Syracuse, NY 13220, 315-428-2211, www.unitedway-cny.org; or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer 120 Broadway, New York, NY 10271.

THANK YOU FOR YOUR SUPPORT - YOUR GIFT CHANGES LIVES!  
YOUR DONATION WILL HELP THOSE WHO  
ARE NOT AS FORTUNATE AS OTHERS.

Watch for our weekly video Community Updates: www.unitedway-cny.org or on facebook

# United Way of Central New York 2016-17 Community Campaign



**MY INFORMATION** - This info will not be shared. Please Print.

MALE  FEMALE \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  18-40  41-55  56+  
AGE RANGE

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERSONAL PHONE \_\_\_\_\_ PERSONAL EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ MEMBER OF ORGANIZED LABOR - LOCAL \_\_\_\_\_

Acknowledge me as \_\_\_\_\_ in any public materials  I wish to remain anonymous



Your donation helps to fund 91 local programs focusing on education, health and basic needs services

## PLEDGE & PAYMENT INFORMATION

\$ \_\_\_\_\_ per pay period x \_\_\_\_\_ pay periods = Total Annual Gift \$ \_\_\_\_\_

COMBINE MY GIFT WITH MY SPOUSE/PARTNER

SPOUSE NAME \_\_\_\_\_

### PLEASE CHOOSE A PAYMENT OPTION:

- PAYROLL DEDUCTION  
I am paid:  
 Weekly  
 Bi-weekly  
 Twice a month  
 Monthly

- PAYMENTS  
 Bill me  
Debit/Credit Card  
Frequency  
 Monthly  
 Quarterly  
 On this date: \_\_\_\_\_

- GIVE NOW  
 Cash  
 Debit/Credit Card  
 Securities  
 Check (to United Way of CNY)

### LEADERSHIP GIVING - PLEASE CHECK ALL THAT APPLY:

- \$1000 OR MORE ANNUAL GIFT  
 YOUNG LEADERS UNITED - \$250 minimum annual gift +16 hours volunteer service (ask for membership application)

Debit/Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_ thank you!

## MY CHOICES

Choose where to invest your gift from these options.

I WISH TO INVEST IN ALL UNITED WAY OF CNY FUNDS AND INITIATIVES maximizing the power of my gift!

I WISH TO INVEST IN THE SELECTED FOCUS AREA(S)  Education  Health  Basic Needs

OTHER DESIGNATIONS  
(complete Special Request section on the back of this form - to have the most impact with your gift there is a \$25 minimum designation per agency)

Sign and date your pledge.

Signature required for all pledges

Date



United Way  
of Central New York