



Thank You from United Way of Central New York



*By giving this year, you are eligible to win one of two \$500 Debit Cards donated by



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

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

MALE FEMALE _____ FIRST NAME _____ 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

STEP UP CHALLENGE! all prizes are donated

I would like to take the *STEP UP CHALLENGE by increasing my gift by \$1 per week. Choose one of the prizes below:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$3,000 debit card
donated by M&T Bank | <input type="checkbox"/> \$3,000 gift card
donated by Wegmans | <input type="checkbox"/> \$3,000 home furnishings
donated by Raymour &
Flanigan Furniture | <input type="checkbox"/> \$3,000 vacation allowance
donated by Carrier Corporation
- UTC Technologies |
|--|--|---|---|

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> PAYROLL DEDUCTION
I am paid: | <input type="checkbox"/> PAYMENTS | <input type="checkbox"/> GIVE NOW |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Bill me | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Debit/Credit Card | <input type="checkbox"/> Debit/Credit Card |
| <input type="checkbox"/> Twice a month | Frequency | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Check (to United Way of CNY) |
| | <input type="checkbox"/> Quarterly | |
| | <input type="checkbox"/> On this date: _____ | |

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 your 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

*Donation not required to enter. Alternative entry available on our website, unitedway-cny.org. United Way has not provided any goods or services in exchange for these gifts.