

SOS SYRACUSE ORTHOPEDIC SPECIALISTS

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



- What we do with your support:**
- Identify the most critical local needs
 - Raise funds for those needs
 - Fund stable programs that get results
 - Follow-up with agencies to ensure programs are productive and efficient
 - Collaborate on additional initiatives
 - Working toward long-term solutions

UNITED we all WIN

UWCNY 2017-18 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 Community Program Fund: \$ _____

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: _____

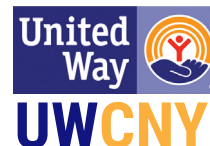
* ELIGIBLE ORGANIZATIONS include: Other United Ways and 501(c)(3) health and human service organizations located in New York State or where the donor resides. Agencies must comply with the Federal Patriot Act to receive funding.

** 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.

UNITED we all WIN



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

United Way of Central New York 2017-18 Community Campaign

MY INFORMATION - This information 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. One Grand Prize drawn each quarter.

By taking the Step up challenge you are eligible for ALL the available daily and Grand Prizes for the whole year!

\$3,000 debit card donated by M&T Bank	\$3,000 gift card donated by Wegmans	\$3,000 home furnishings donated by Raymour & Flanigan Furniture / Mattress	\$3,000 vacation allowance "home & away package" donated by Carrier Corporation
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Your donation helps to fund 88 local programs focusing on education, health and basic needs services

PLEDGE & PAYMENT INFORMATION

Total Annual Gift: _____ COMBINE MY GIFT WITH MY SPOUSE/PARTNER LEADERSHIP GIVING - PLEASE CHECK ALL THAT APPLY:

\$ _____ SPOUSE NAME _____ \$1000 OR MORE ANNUAL GIFT - Hamilton White
 \$250 OR MORE ANNUAL GIFT - Young Leaders United (ask for membership application)

PLEASE CHOOSE A PAYMENT OPTION:

PAYROLL DEDUCTION
\$ _____ per pay period x _____ pay periods

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)

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



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.