

## BENEFITS OF WOMEN UNITED

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- Work in partnership with an exclusive network of philanthropic and business thought leaders
- Collaborate, access and organize female-based for profit and non-profit organizations in Central New York to strengthen the mission of each
- Access to a resource directory of businesses and business opportunities for women
- Benefit from educational opportunities through quarterly events and social gatherings
- Meet women making a difference in Central New York and beyond
- Enhance the lives of members of our community struggling to meet their needs and the needs of family members
- Support vital initiatives through donations of time and treasure

## WHAT IS WOMEN UNITED?

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Women United is a network of women focused on providing opportunities for women to learn, discuss important issues, understand challenges facing women and explore ways to have collective impact.

Women United brings together women in the private business sector and the non-profit sector in order to maximize all efforts.

Members of Women United partner with United Way of Central New York to advocate, fundraise, volunteer and serve as a resource for those endeavoring to solve community issues and create opportunities that make it possible for everyone to thrive.

Women United members are committed to ensuring that women and girls who face challenges can meet their needs; everyone has a quality education and the necessary training for success; children and adults are healthy; and people can rise out of poverty.

UNITED WAY OF CENTRAL NEW YORK  
**WOMEN UNITED®**



**Leading the charge.**

**Inspiring the change.**



United Way of Central New York

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UNITED WAY OF CENTRAL NEW YORK  
**WOMEN UNITED®**



# TO BECOME A MEMBER OF WOMEN UNITED

- Invest at least \$250 to the strategic community impact fund of United Way of CNY
- Be interested in bettering the community and status of women in Central New York

United Way of CNY is partnering to create solutions:

## Work Train

- Creating solutions for job-seekers and businesses alike

## Greater Syracuse HOPE

- An anti-poverty coalition focused on creating Healing, Opportunity, Prosperity, and Empowerment (HOPE)

## 211

- An online and phone referral service for health and human service needs

## Early Childhood Alliance

- Focusing on the key areas of early childhood development (health, early learning, and family supports)

## Literacy Coalition of Onondaga County

- Build upon our heritage and collectively support community initiatives that raise literacy levels across the lifespan in Onondaga County

## Housing and Homeless Coalition

- Community coalition to address homelessness and housing vulnerability

## 2018-2019 WOMEN UNITED ENROLLMENT FORM

### 1. MY INFORMATION *(please print clearly)*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Birthdate *(optional)* \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Member Of Organized Labor - Local \_\_\_\_\_

### 2. GIFT AMOUNT *(please indicate the amount of your gift for the current pledge year)*

Total Annual Gift \$ \_\_\_\_\_

### 3. PAYMENT METHOD *(please select payroll deduction or a direct gift for the current pledge year)*

Payroll Deduction *(your employer's workplace campaign)*

I am paid  weekly  bi-weekly  
 twice a month  monthly

Bill Me

One Time  Quarterly  Monthly

Date to Start Billing \_\_\_\_\_

Give Now  Cash  Check (United Way of CNY)

Debit/Credit Card \*

To be paid  one time  quarterly  monthly

Date to Start Billing \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Debit/Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

*\* We must have your billing address to process debit/credit card transactions*

Mather Fund Match: Multiply the power of your gift!

Thanks to a grant from The Richard Mather Fund, any new dollars will be matched and donated to United Way of CNY.

### 4. IDENTIFY ME

Combine my gift with my spouse's/partner's Spouse's/Partner's Name \_\_\_\_\_

Spouse's/Partner's Employer \_\_\_\_\_

My listing in donor recognition materials should read \_\_\_\_\_

I prefer my gift to remain anonymous

### 5. MY SIGNATURE *(required for all donations)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank You for your gift to United Way of Central New York

Please return to: [womenunited@unitedway-cny.org](mailto:womenunited@unitedway-cny.org)