

Through UWCNY's Community Campaign, you are providing pathways that give everyone in our community, from babies to seniors, the chance to be healthy and succeed in life.

Thank You!

2018 - 2019
Community Campaign



Restricted Donations:

Complete this section **ONLY** if you wish to restrict your gift or exclude an agency from your gift.

- To restrict a donation, a minimum of \$50 must be designated per agency, with a maximum of four designations.
- Eligible recipients include 501(c)(3) health and human service organizations operating in New York State and other United Way chapters.
- Ineligible designations will automatically be redirected to the United Way of CNY Community Fund.

Amount designated to the United Way Community Fund: \$ _____ OR _____ % of total gift

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

Amount designated to the eligible organization listed below: \$ _____ OR _____ % of total gift

Agency Name: _____ Agency Address: _____

Agencies are sent the names of donors who designate their gifts only if the United Way receives this information from employers. Donors may request to make their designated gift anonymously.

Check here if you do NOT wish the United Way to provide the above agency with your name.

Agency Exclusions:

I wish to exclude this United Way affiliated agency from my gift: _____



2-1-1 is our community's helpline, connecting people to information about childcare, education, housing, food, legal services, employment and much more. Dial 2-1-1 toll free or visit www.211cny.com.



www.unitedway-cny.org





United Way of CNY

2018 - 2019 Community Campaign

MY INFORMATION

Form fields for gender (MALE/FEMALE), name (FIRST NAME, MI, LAST NAME), age range (18-40, 41-55, 56+), HOME ADDRESS, CITY, STATE, ZIP, PERSONAL PHONE, PERSONAL EMAIL, EMPLOYER.

STEP UP CHALLENGE

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 of the available weekly 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

PLEDGE & PAYMENT INFORMATION

Payment options: A. PAYROLL DEDUCTION (per pay period, pay periods, Total Annual Gift) OR B. OTHER PAYMENT OPTIONS (Total Annual Gift, Cash or Check Now, Bill Me, Charge My Debit/Credit Card, Debit/Credit Card #, Exp., CVC, Please contact me regarding the donation of securities)

Combine my gift with my spouse/partner: Name _____ I wish to remain anonymous

Your unrestricted gift to the Community Fund of \$250 or more qualifies you to be a part of our Young Leaders group or Women United. Please check the one below that you would like to be enrolled in: [] YOUNG LEADERS UNITED [] UNITED WAY OF CENTRAL NEW YORK WOMEN UNITED

MY INVESTMENT

Your generous support will be invested in the United Way of CNY's Community Fund, which is used to address our community's greatest needs in the areas of education, health and financial stability.

Sign and date your pledge.

Signature required for all pledges _____ Date _____



You are done – thank you! If you wish to restrict a portion of your donation to a particular agency or exclude an agency from your donation, please complete the back section of this form.

*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.