

1 My Information (Please print)

Mr./Mrs./Ms./Dr. First name M.I. Last name

Address

City/State/Zip

Phone: Home Cell Work Date of birth (MM/DD/YYYY)

Preferred email Union Member Retired

Employer (or former employer if retired)

3 My Impact (optional)

(The sum of your donations in this section should equal your total gift amount in section 2.)

SUPPORT UNITED WAY'S COMMUNITY IMPACT FUND

Make the greatest impact through collective giving by joining others to support the core building blocks that help individuals, families and our community thrive. \$ _____

IMPROVING SURVIVABILITY IN THE MOST VULNERABLE COMMUNITIES

Help families and individuals have their basic needs met, safe places to live, and social and emotional connections to positively impact their quality of life.

SUPPORTING CHILDREN

Give kids the support they need to learn, grow and thrive.

CREATING OPPORTUNITIES

Provide access to tools and opportunities to help people increase income, build wealth and improve financial stability.

ANOTHER OPTION FOR GIVING Please consider giving to United Way's Community Impact Fund to make the greatest impact for local people and our entire community. If you would like to direct all or a portion of your gift to a donor options organization, you may do so below. Donor options information can be found at unitedway-nny.org.

\$ _____ to this organization: _____

\$ _____ to this organization: _____

Please do not release my information to the organization(s) to which I designated.

5 My Signature (required for payroll deduction)

Signature

Date

Name (please print) _____

I authorize my employer to deduct \$ _____ for _____ pay periods.

TOTAL GIFT AMOUNT: \$ _____

Authorizing a Regular Payroll Deduction

I understand that I am under no obligation to contribute to United Way of Northern New York. If I decide to contribute to United Way by authorizing deductions from my pay to be forwarded to United Way, it is a decision I make voluntarily. I understand that the amount I authorize to be deducted will be subtracted from my pay for any pay period in which my pay is large enough to cover the deduction. If there is a pay period in which my pay is insufficient to cover the United Way deduction after all legally required deductions are made, my employer will not make a United Way deduction for that pay period. If a United Way deduction is missed for any reason, it will not be made up on a later date without my express written direction. I understand that I may revoke my United Way deduction authorization at any time by informing my employer in writing.



2 My Gift (Please choose payroll deduction or direct gift.)

TOTAL GIFT AMOUNT: \$ _____

PAYROLL DEDUCTION

How much would you like to deduct per pay period?

\$ _____

How often are you paid per year?

52x 26x 24x 20x 12x

Other (_____ pay periods)

OR

DIRECT GIFT (Gifts of \$25 or less will be billed/charged one time.)

Check (made payable to United Way) Cash

Credit card # _____

Exp. date _____ One time Quarterly Monthly

Bill me: One time Quarterly Monthly

Date to charge/bill: Upon receipt by United Way

Billing start date: _____

Please contact Tobi Darrah at tobi.darrah@unitedway-nny.org or (315) 788-5631 for other payment options.

4 Join Leaders United (optional)

When you contribute \$500 or more, you are recognized as a Leaders United member and will be invited to connect with other leadership donors throughout the year.

YES, I WOULD LIKE TO JOIN LEADERS UNITED.

Please indicate if you would like to join one or more of the following networks:

- Leadership Society (\$500)
- Mayor's Society (\$1,000)
- Governor's Society (\$2,500)
- President's Society (\$5,000)
- Tocqueville Society (\$10,000 or more)