

# your gift to our community



United Way  
of Central New York

## 1 Indicate the amount of your gift and your payment method. **Total annual gift: \$** \_\_\_\_\_

### PAYMENT METHOD (choose one)

- Payments**      OR       **Give Now**
- Bill me  
 Credit Card  
*Frequency*  
 Monthly  
 Quarterly  
 On this date: \_\_\_\_\_
- Cash  
 Credit Card  
 Securities  
 Check  
*(payable to United Way of CNY)*

### LEADERSHIP GIVING please include me in:

- Hamilton White Society** *(gifts of \$1,000 or more)*  
*OPTIONAL FOR HAMILTON WHITE ONLY*  
 Combine my gift with that of my spouse/partner  
Spouse name: \_\_\_\_\_  
Spouse employer: \_\_\_\_\_
- 500 Club** *(gifts of \$500 - \$999)*

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

## 2 Complete your donor information. *This information will not be shared. Please print.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

Personal / Home Email Address \_\_\_\_\_

Current donors please check here if any of the above information has changed since last year.

Please tell us the first year you gave to United Way in any city *(to the best of your knowledge)* \_\_\_\_\_

## 3 Choose where to invest your gift. *Choose one of these three options.*

I wish to invest in all United Way funds and initiatives.

OR

I wish to have United Way invest my gift in the selected Vision Area(s) checked below:

Children       Youth       Basic Needs       Self Sufficiency       Mental Health

OR

I wish to designate my gift. *(Complete the Special Request section on the back of this form)*

## 4 Sign and date your gift.

# Thank you!

\_\_\_\_\_  
*Signature required for all pledges*

\_\_\_\_\_  
*Date*

# 2008-2011 United Way Agencies

AIDS Community Resources  
American Red Cross, Onondaga-Oswego Chapter  
ARISE  
Aurora of Central New York  
Boys & Girls Club of Syracuse  
Boy Scouts of America, Hiawatha Seaway Council  
Catholic Charities of Onondaga County  
Center for Community Alternatives  
Child Care Solutions  
Children's Consortium  
Contact Community Services  
Dunbar Association  
Elmcrest Children's Center  
Enable  
Exceptional Family Resources  
Food Bank of Central New York  
Frank H. Hiscock Legal Aid Society  
Girl Scout Council of NYPENN Pathways  
Hillside Children's Center  
Huntington Family Centers

InterFaith Works  
Jewish Community Center of Syracuse  
Learning Disabilities Association  
Liberty Resources  
Literacy Volunteers of Greater Syracuse  
Mental Health Association  
Mother Marianne Cope Housing  
New Justice Conflict Resolution Services  
On Point for College  
P.E.A.C.E., Inc.  
The Salvation Army, Syracuse Area Services  
The Samaritan Center  
Spanish Action League  
Syracuse Behavioral Healthcare  
Syracuse Jewish Family Service  
Syracuse Northeast Community Center  
Transitional Living Services  
Vera House  
YWCA of Syracuse & Onondaga County

\* ELIGIBLE ORGANIZATIONS include: Other United Ways and 501(c)(3) health and human service organizations located in New York State or state where 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](http://www.unitedway-cny.org); or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271.

*Complete this section ONLY if you wish to make a Special Request. Must also complete all parts on the front.*

*Please consider making half of your donation a gift to the whole community through United Way.*

Amount of my total gift given to United Way: \$ \_\_\_\_\_

Amount of my total gift designated to the eligible\* organization below: \$ \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Check here if you do NOT wish to have us send your name to the above agency.

I wish to exclude this United Way agency from my gift: \_\_\_\_\_