

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: \$** _____

Pledge per pay period: \$ _____

PAYMENT METHOD (choose one)

- Payroll Deduction OR Payments OR Give Now
- I am paid:*
- Weekly Bi-weekly Bill me Cash
- Twice a month Monthly Credit Card Credit Card
- Frequency*
- Monthly Securities
- Quarterly Check
- On this date: _____
(to United Way of CNY)

LEADERSHIP GIVING please include me in:

Hamilton White Society
(annual 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 (annual gifts of \$500 - \$999)

Credit Card # _____ Exp. _____ CVC _____

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 pledge.

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

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

Please consider making at least 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: _____

* 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; or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271.