



BUILDING COMMUNITY.



SPECIAL REQUESTS Complete this section **ONLY** if you wish to designate your gift or exclude an agency from your gift. We ask donors to make special requests at the time of their pledge. Special request donors must also complete the front of this form.

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

Portion of my total gift given to United Way: \$ _____

Portion of my total gift designated to the eligible* organization below \$ _____

Agency Name: _____

Agency Address: _____

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

Check Here **if you do NOT wish us to 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 where the 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.

2011-2014 United Way Agencies

- AIDS Community Resources
- American Red Cross of Central New York
- ARISE Child and Family Service, Inc.
- AURORA of Central New York, Inc.
- Boys & Girls Clubs of Syracuse
- Catholic Charities of Onondaga County
- Center for Community Alternatives
- Child Care Solutions
- Children's Consortium
- CONTACT Community Services, Inc.
- Elmcrest Children's Center
- Exceptional Family Resources
- Food Bank of Central New York
- Frank H. Hiscock Legal Aid Society
- Girl Scouts of NYPENN Pathways, Inc.
- Hillside Children's Center
- Hillside Work-Scholarship Connection
- Huntington Family Centers, Inc.
- InterFaith Works
- Jewish Community Center of Syracuse
- Learning Disabilities Association of CNY
- Literacy Volunteers of Greater Syracuse
- McMahon/Ryan Child Advocacy Site
- On Point for College, Inc.
- P.E.A.C.E., Inc.
- The Salvation Army, Syracuse Area Services
- Samaritan Center, Inc.
- Spanish Action League of Onondaga County, Inc.
- Syracuse Jewish Family Service
- Syracuse Northeast Community Center
- Transitional Living Services of Onondaga County
- Vera House, Inc.
- Welch Terrace Housing Development Fund, Inc.
- Women's Opportunity Center
- YWCA of Syracuse & Onondaga County

Your gift to United Way is the most effective and efficient way to support a network of services that build our community.

LIVE UNITED
GIVE. ADVOCATE. VOLUNTEER.

1 Decide if you will take the Step Up Challenge* and PICK YOUR PRIZE CATEGORY!

Yes! I will take the Step Up Challenge by increasing my gift by \$1 per week. (CHECK ONLY ONE):

1 Dream Card

\$3,000 debit card to use for anything your heart desires donated by Alliance Bank, N.A.

2 Home Makeover

\$3,000 in furnishings for any room in your home donated by Raymour & Flanigan Furniture.

3 Fill Your Fridge

\$3,500 gift card good for food and merchandise at any store location donated by Wegmans.

4 Dream Vacation

\$3,000 toward the vacation of your dreams donated by SRC, Inc. and SRCTec., Inc.

ALL PRIZES ARE DONATED

ALSO! 90for90 Twenty Onondaga County Park Pass Packages donated by Onondaga County and ten \$20 gift cards to Avicolli's Pizzeria - Restaurant donated by Avicolli's will be awarded in a special drawing open to donors who increase their 2010 gift to \$90 or more in 2011 in celebration of our 90th anniversary. (To be entered, United Way must have your contact information and 2011 gift amount by January 11, 2012.)

2 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
- Twice a month
- Monthly

- Bill me
- Debit/Credit Card
- Cash
- Debit/Credit Card
- Securities
- Check
- On this date: _____

Debit/Credit Card # _____ Exp. _____ CVC _____

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

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)

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

Current donors please check box beside information that has changed. Changed from: _____

- 1) First Name _____ MI _____ Last Name _____
- 2) Home Address _____
- 3) City _____ State _____ Zip _____ Phone _____
- 4) Employer _____
- 5) Member of organized labor - Local _____
- 6) Home Email _____

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

4 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 Focus Area(s) checked below:

OR Education Income Health Safety Net

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

5 Sign and date your pledge.



United Way of Central New York

*Donation not required to enter. Alternative entry available on our website, www.unitedway-cny.org.

United Way has not provided any good or services in exchange for this gift.

Signature required for all pledges _____
Date

Thank you!