



UNITED WAY OF NORTHERN NEW YORK
 Serving Jefferson, Lewis, and St. Lawrence Counties
 (315) 788-5631 • www.unitedway-nny.org

Thank you for your support!

Please retain a copy of this form for your records.

1 My Information

Mr./Mrs./Ms./Dr./Prof First Name M.I. Last Name

Address

City/State/Zip

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

Email

Are you planning to retire within the next year?
 Yes No Unsure Expected date (if applicable)

Please combine my gift with my spouse / partner's gift:

Spouse / partner's name

Spouse / partner's employer (if applicable)

I wish to remain anonymous. Please do not include my name in any publications.

2 My Gift Please select payroll deduction or direct gift.

TOTAL GIFT AMOUNT: \$ _____

PAYROLL DEDUCTION

How much would you like to deduct per pay period? \$ _____

How many pay periods per year?

52 26 24 20 Other (____ of pay periods)

DIRECT GIFT

Check made payable to United Way. Cash

Credit Card: _____

CVV (3 digit # on reverse): _____ Exp. Date: _____

3 My Impact

SUPPORT THE UNITED WAY

I want to make the GREATEST IMPACT with my gift to the Community Impact Fund by supporting the core building blocks that help individuals, families and communities thrive: SOCIAL DETERMINANTS OF HEALTH, PROGRAMS FOR CHILDREN, and EMPLOYMENT SUPPORTS.

ANOTHER OPTION FOR GIVING

Please consider giving to the Community Impact Fund to make the greatest impact for local people and communities. To direct all or a portion of your gift to a donor options organization(s), please indicate below:

Name of Organization

\$ Amount to the Above Organization

Name of Organization

\$ Amount to the Above Organization

4 Join Leaders United

When you contribute \$500 or more to our Community Impact fund, you are recognized as a Leaders United member and will receive updates on how your donations impact local communities.

Yes, I would like to join Leaders United.

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

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.