ANNUAL CAMPAIGN

Please put my Annual Campaign donation to work!

_____ **United Way Young Leaders:** (age 40 and under, $200 to $299)   _____ **The Stebbins Society:** ($1,000 to $2,499)

_____ **The Landauer Society:** ($300 to $499)   _____ **The Coe Society:** ($2,500 to $4,999)

_____ **The Caswell Society:** ($500 to $749)   _____ **The Governors Society:** ($5,000 to $9,999)

_____ **The Karcher/Constable Society:** ($750 to $999)   _____ **The Alex De Touqueville Society:** ($10,000 and up)

_____ **I prefer to give $_____**

_____ I have enclosed my check, payable to the United Way of NNY   _____ I/We wish to be listed in United Way publications

_____ I would like to make a monthly gift. (See reverse)   Your Name will appear listed below:

_____ Please charge my credit card. (See reverse)   (Please make corrections as **needed)**

Name_____   Address_____

If you already sent your Annual Campaign donation, Thank you!

United Way
of Northern New York, Inc.

200 Washington Street, Suite 402A
Watertown, New York 13601-3307
Phone 315-788-5631
www.unitedway-nny.org

Donate online at

http://www.unitedway-nny.org/donations.html

"We all live better when we give together!"

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The United Way has a proud history of North Country service going back to 1921. Over the years many things have changed, but the ethic of community-wide stewardship and local accountability have remained the same. No other local organization has the built-in capacity to bring divergent sectors of the community together to work on issues and challenges that keep children, families, the aging, and those alone from a life of hope and productivity.

Please charge my credit card:

_____ **Monthly:** I authorize the United Way of NNY to charge $_____ monthly to my account.

_____ **Quarterly:** I authorize the United Way of NNY to charge $_____ quarterly to my account.

_____ **One-time gift:** I authorize the United Way of NNY to charge $_____ to my account one-time.

Please process on the (circle one): 1st OR 10th of the month

Card Number: _____Exp.Date:_____

Please provide address for credit card processing:

_____