

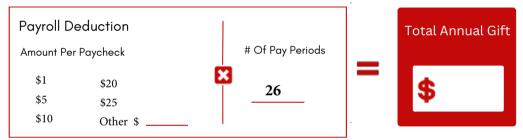
2024 PLEDGE FORM



Step 1	Yo	ur Information			
FIRST NAME	LAST NA	ME	THIS IS (CHECK ONE):	AN EMPLOYEE DONATION	
ADDRESS			EMPLOYER/COMPANY		
CITY	STATE	ZIPCODE	THANK YOU!		
PREFERRED PHONE			We'd like to recoanize you in our publications. Please tell us how you'd like your		
PREFERRED EMAIL ADDR	RESS		name to appear:		
DATE OF BIRTH (optional)			l wish to remain anonymous in publications.		

Step 2

Payment Options



Designation

My United Way Contribution should go to:



Your Gift



United Way of the Adirondack Region, Inc. Serving Clinton, Essex and Franklin Counties of NY



United Way of Northwest Vermont Serving Chittenden, Franklin and Grand Isle Counties in VT



United Way of Northern NY Serving Jefferson, Lewis and St. Lawrence Counties of NY

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Your Signature

*By signing this form I am authorizing the payroll deduction elected on this form.

DATE

THANK YOU FOR SUPPORTING YOUR UNITED WAY

United Way of the Adirondack Region, Inc.

45 Tom Miller Road, Plattsburgh, NY 12901 www.unitedwayadk.org | uwadk@unitedwayadk.org | (518) 563-0028 Serving Clinton, Essex and Franklin Counties of NY

United Way of Northern New York

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United Way of Northwest Vermont

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