



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) Gender

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 COMMUNITY IMPACT

Make the greatest impact through collective giving to ensure that resources are directed where they are needed most. \$ _____

OR CHOOSE AN AREA OF FOCUS

SOCIAL DETERMINANTS OF HEALTH

Invest in programs that enhance health and well-being by improving access to essentials like nutrition, housing, healthcare, education and transportation. \$ _____

CHILD / YOUTH SUCCESS

Support initiatives that provide resources for academic achievement, healthy development, and a successful transition into adulthood. \$ _____

ECONOMIC STABILITY

Contribute to services that empower individuals to gain/maintain employment, offering education, training, and support to those at risk of or living in poverty. \$ _____

4 Join Leaders United

When you contribute \$500 or more to United Way, 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.