

2025 PLEDGE FORM



Step 1	Your Informatio	n
FIRST NAME	LAST NAME	THIS IS (CHECK ONE): AN EMPLOYEE DONATION
ADDRESS		EMPLOYER/COMPANY
CITY	STATE ZIPCODE	THANK YOU!
PREFERRED PHONE		We'd like to recognize you in our publications. Please tell us how you'd like your
PREFERRED EMAIL ADDRESS		name to appear:
DATE OF BIRTH (optional)		I wish to remain anonymous in publications.
Step 2	 Your Gift 	
Payment Options		
Payroll DeductionAmount Per Paycheck\$1\$20\$5\$25\$10Other	# Of Pay Per 26 \$	riods
Designation		
My United Way Contribution should go to:	United Way of the Adirondack Reg Serving Clinton, Essex and Franklin C NY	gion, Inc. United Way of Northwest Vermont United Way of Northern NY
Step 3	Vour Signature	
SIGNATURE *By signing this form I am authorizing the payroll deduction elected on this form.		
THANK YOU FOR SUPPORTING YOUR UNITED WAY		
45 Tom Miller Road, Plattsburgh, NY 12901 www.unitedwayadk.org 167 Polk Street, Suite 167 Polk Street, Suite 315 uwadk@unitedwayadk.org (518) 563-0028 www.unitedwayadk.org 167 Polk Street, Suite		United Way of Northern New YorkUnited Way of Northwest Vermont57 Polk Street, Suite 300, Watertown, NY 13601 315-788-5631412 Farrell Street, Suite 200, South Burlington, VT 05403 802-864-7541 UNITEDWAYNWVT.ORG Serving Chittenden, Franklin and Grand Isleg Jefferson, Lewis and St. Lawrence Counties of NYCounties in VT
No goods or services were provided in exchange for the contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.		