

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	3 My Impact
Mr/Mrs/Ms/Dr/Prof First Name M.I. Last Name	Make the greatest impact through collective giving to ensure that resources are directed where they are needed most. \$
Address	
City/State/Zip Phone	OR CHOOSE AN AREA of FOCUS
Date of Birth (MM/DD/YYYY) Gender Email	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. \$
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:	CHILD / YOUTH SUCCESS Support initiatives that provide resources for academic achievement, healthy development, and a successful transition into adult hood. \$
Spouse / partner's name	■ ECONOMIC STABILITY
Spouse / partner's employer (if applicable)	 Contribute to services that empower individ- uals to gain/maintain employment, offering
\square I wish to remain anonymous. Please do not include my name in any publications.	education, training, and support to those at risk of or living in poverty. \$
2 My Gift Please select payroll deduction or direct gift.	4 Join Leaders United
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)	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)
☐ DIRECT GIFT ☐ Check made payable to United Way. ☐ Cash ☐ Credit Card:	☐ Mayor's Society (\$1,000) ☐ Governor's Society (\$2,500) ☐ President's Society (\$5,000) ☐ Tocqueville Society (\$10,000)
CVV (3 digit # on reverse): Exp. Date:	
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.

UNITED FOR A BETTER TOMORROW

COMMUNITY-DRIVEN DECISION MAKING

The Community Review Process sets United Way apart. This unique approach engages local volunteers representing various community sectors, including Getting Ahead graduates, in the decision making process. Volunteers evaluate and recommend where to direct Community Impact dollars to ensure that community needs are being met and donations are invested wisely.

This inclusive process builds trust, fosters transparency, and ensures every dollar is strategically invested to create the greatest impact. With United Way, it's not just about funding programs, it's about empowering our community to shape its future.



Below is a listing of the 2025 Community Impact programs and their alignment with the areas of focus. For more information about Community Impact programming or United Way, visit:

https://unitedway-nny.org

EVERY GIFT MAKES A BIG IMPACT

\$26 provides hygiene and cleaning supplies for a family of four. Children who look and feel their best are better prepared to excel in school and beyond.



\$52 covers 104 miles of transportation for those who are unable to drive. Getting to and from medical appointments leads to improved health outcomes.



\$104 helps an adult learn new skills necessary for employment. Earning a paycheck builds selfconfidence, strengthens community connections, and fosters financial stability.



\$260 ensures that a homebound senior receives nutritious meals delivered for a month. This supports health, enhances quality of life and provides vital human connection.



\$520 prevents a family in crisis from falling into poverty by providing critical assistance. This support offers a bridge to long-term security and a path to a brighter future.



2025 COMMUNITY IMPACT PROGRAMS

Social Determinants of Health

Cape Vincent Food Pantry Family Counseling of NNY GardenShare Renewal House for Victims of Domestic Violence Salvation Army of Massena Salvation Army of Watertown **Volunteer Transportation Center** Watertown Family YMCA Watertown Urban Mission Wilna-Champion Transportation Association







Child / Youth Success

ACR Health - O Center CHJC - SoZo Teen Center **Encompass Recreation** Holistic Life Foundation Ogdensburg Boys and Girls Club Police Activities League of Massena Samaritan Medical Center - Anti-Bullying Training Toys for Tots

Economic Stability

ALICE (Asset Limited, Income Constrained, Employed) Getting Ahead / Staying Ahead **Lewis County Opportunities** Literacy of NNY