

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.

Community doesn't just happen. *Your gift helps make it possible.*

COMMUNITY DRIVEN DECISION MAKING

Our Community Review Process brings together volunteers representing different sectors and lived experience, including Getting Ahead graduates, to review community needs, evaluate programs, and recommend how Community Impact dollars are invested.

Your gift is thoughtfully invested where it can make a meaningful difference.



HOW WE MAKE IT HAPPEN



WE BRING PEOPLE TOGETHER



WE INVEST IN SOLUTIONS



WE MOBILIZE COMMUNITIES



WE LEAD COLLABORATIVELY

United Way connects people, resources, and ideas to tackle challenges no single organization can solve alone.

OUR 2025 COLLECTIVE IMPACT



31,124

Neighbors Impacted



10,615

Children Reached



259

Working Families Assisted
(through ALICE)



221

Volunteers Engaged

YOUR GIFT AT WORK ACROSS NORTHERN NEW YORK

Together with local partners, we address critical needs throughout Jefferson, Lewis, and St. Lawrence Counties.

SOCIAL DETERMINANTS OF HEALTH

Cape Vincent Food Pantry
Community Health Center of the North Country
Family Counseling of NNY
GardenShare
Massena Meals on Wheels
Renewal House
Resolution Center of Jefferson / Lewis
Salvation Army of Massena
Salvation Army of Watertown
Samaritan Medical Center
Volunteer Transportation Center
Watertown Family YMCA
Watertown Urban Mission
Wilna Champion Transportation Association

CHILD / YOUTH SUCCESS

ACR Health
Children's Home of Jefferson County
Cornell Cooperative Extension of Lewis County
Encompass Recreation
Ogdensburg Boys and Girls Club
Police Activities League of Massena
St. Lawrence County People Project

ECONOMIC STABILITY

ALICE (Asset Limited, Income Constrained, Employed)
Getting Ahead / Staying Ahead
Lewis County Opportunities
Literacy of NNY
St. Lawrence County Community Development Program