

Name:		
Street:		
City:	State:	Zip:
Email:	Phone:	
Company:		Date:

**United Way of the  
Adirondack Region, Inc.**  
45 Tom Miller Road  
Plattsburgh, NY 12901  
(518) 563-0028



www.unitedwayadk.org

**I. PAYROLL DEDUCTION**

Please deduct the following from my pay:

Per check:	# of Pay Periods	Total Pledge
<input type="checkbox"/> \$3		
<input type="checkbox"/> \$5		
<input type="checkbox"/> \$10		
<input type="checkbox"/> \$_____		

Continuously until further notice (if available through my employer)

Signature:

**II. CASH OR CHECK AT TIME OF PLEDGE**

I am enclosing my total pledge and gift: \$ \_\_\_\_\_

**III. DIRECT BILL (ADDRESS LISTED ABOVE) \$ \_\_\_\_\_**

- Monthly                       Quarterly  
 Annually                       Other

**IV. CREDIT CARD (ADDRESS LISTED ABOVE)**

Charge my credit card

My total annual gift is \$ \_\_\_\_\_

- MasterCard     Visa     Discover

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

**V. I WANT TO JOIN LEADERSHIP SOCIETY**

- Saint Regis                      (\$500 - \$749)  
 Champlain                      (\$750 - \$999)  
 Adirondack                      (\$1,000 - \$1,499)  
 High Peaks                      (\$1,500 and above)

**OPTION A: COMMUNITY IMPACT FUND**

*"The Recommended Choice"*

This choice lets you support all United Way funded programs and have confidence that your contributions are invested wisely. Thanks to volunteers who evaluate programs and identify pressing needs, dollars are allocated to those that need support the most. In addition, strong consideration is given to the performance and results delivered by individual programs.

**#1000** AMOUNT \$ \_\_\_\_\_

**OPTION B: TARGETED IMPACT NEEDS**

**#4001: Education**

Includes: Day Care, Pre-School, After School Care, Foster Care, Protective Care, Adventure-Based Programs, Parenting Programs, and Leadership & Character Development Programs, Literacy Programs.

**#4002: Income**

Includes: Financial Literacy Training, Legal & Housing Assistance, Transportation, Food, Clothing, Emergency Housing, Assistance for ALICE Households.

**#4003: Health**

Includes: Home Health Care, Hospice & Respite Care, Family Counseling, Services for Mental Illness, Services for Emotionally & Developmentally Disabled Persons, Drug/Alcohol Abuse Treatment and Prevention, Suicide Prevention, Domestic Violence Prevention, Prenatal Care.

**OPTION C: SPECIFIED UNITED WAY PARTNER AGENCY**

#	#	#
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Code  
Amount

Code  
Amount

Code  
Amount

\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

**IRS REQUIRED STATEMENT:** United Way of the Adirondack Region, Inc. does not provide goods or services in exchange for contributions made by any payment method including payroll deduction.

**Thank you for your generous support.**  
— *It makes a difference.*  
If you wish to remain anonymous, please contact our office.