

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.