

Our Mission is to be a leader in community partnership building and to increase the organized capacity of people to care for one another.

Step 1 Your Information

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

PREFERRED PHONE _____

PREFERRED EMAIL ADDRESS _____

EMPLOYER/COMPANY _____

THIS IS (CHECK ONE):

- A CORPORATE DONATION AN EMPLOYEE DONATION
- AN INDIVIDUAL DONATION

THANK YOU!

We'd like to recognize you in our publications. Please tell us how you'd like your name to appear:

- I wish to remain anonymous in publications.

Step 2 Your Gift

Payment Options

- 1 Check Attached and payable to United Way of the Adirondack Region
- 2 Credit Card Visit: www.unitedwayadk.org or scan the QR code for additional electronic options
- 3 Direct Bill Please bill me for my contribution
 Monthly Quarterly
 One Time (add Date) _____
 Please bill me via **email** or **mail** (circle one)



4 Payroll Deduction

Amount Per Paycheck	# Of Pay Periods
<input type="checkbox"/> \$5 <input type="checkbox"/> \$50	X
<input type="checkbox"/> \$10 <input type="checkbox"/> \$100	
<input type="checkbox"/> \$25 <input type="checkbox"/> \$250	
<input type="checkbox"/> Other \$ _____	

Continuously until further notice (if available through my employer)

Total Annual Gift

=

\$ _____

Optional Designation Options

- COMMUNITY IMPACT FUND
- ALICE PROJECT

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 performance and results delivered by individual programs.

This internal fund is utilized to assist with urgent unmet needs for families and children throughout the region. By partnering with other agencies and leveraging other funds and resources, we are able to meet many unmet needs.

- UNITED WAY PARTNER AGENCY

# _____	# _____	# _____	# _____
\$ _____	\$ _____	\$ _____	\$ _____

Step 3 Your Signature

SIGNATURE

DATE

- Contact me about making a planned gift

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.

THANK YOU FOR SUPPORTING YOUR UNITED WAY

Mail form to: 45 Tom Miller Road, Plattsburgh, NY 12901
www.unitedwayadk.org | uwadk@unitedwayadk.org | (518) 563-0028

One copy needed for each of the following: Payroll/HR, United Way ADK, and Donor