

United Way Donation Pledge Form

Donor information: Please print information and fill out all fields completely.

_____ MI _____ Last Name* _____
 Mr./Mrs./Ms./Dr.* First Name* _____
 _____ City* _____
 Home Address* _____
 _____ State* _____ Zip Code* _____ Daytime Phone _____ Preferred Phone Business Home Mobile _____
 _____ Company Name* _____
 _____ Preferred E-mail Address _____

***Required fields.**

Tell us about yourself:

- I have been a United Way donor for 10 years or more. 25 years or more.
- Send me information on charitable gift annuities or including United Way in my will, trust or estate plans.
- Please contact me with information about volunteering.
- Please send me e-mail updates with information on how my donation is making a difference.

Method of payment: Payroll deduction, credit card payment or direct gift.

Please sign below to authorize payroll deduction and credit card payments.

Easy payroll deduction:
 I want to donate the following amount per pay period:
 \$100 \$50 \$25 \$10 \$5
 Other amount: \$ _____
 My pay period is:
 Weekly (52 per year) Twice a month (24 per year)
 Every other week (26 per year) Other: _____
 My total pledge: \$ _____

Direct gift:
 My total one-time gift amount: \$ _____
 Direct gift to be paid by:
 Check/cash enclosed
 Please make check payable to *United Way of the Greater Capital Region*
 Stocks and securities
 For details, call us at 518.456.2200.
 Bill me at the home address listed above:
 One Time Monthly Quarterly

Credit Card:
 My total one time credit card gift amount: \$ _____
 Please bill me monthly for a total annual gift of: \$ _____

 16-digit Credit Card Number
 _____ Exp. Date (MM/YY) _____ 3-4 Digit Security Code _____ Billing zip code _____

 Name As It Appears On Card

Giving Societies: I choose to be involved in United Way's

- Tocqueville Society:** Gifts of \$10,000 or more.
- Leadership Giving Society:** Gifts of \$1,000 to \$9,999.
- Young Leaders Society:** Gifts of \$500 or more by donors under 40 years old.
 My year of birth: _____
- Capital Society for Retirees:** Gifts of \$500 or more.

Please print your name below as you wish it to appear in recognition publications.

 I wish to remain anonymous. Combine my gift with that of my spouse / partner.
 My partner's name and employer _____

Signature (required for payroll deduction/credit card) _____ Date _____

Optional designation information: Please choose how you want your donation to be used.



United Way Community Care Fund. The best way to care!
 I want to help the most people with a single contribution.

United Way focuses Community Care dollars on carefully-reviewed programs that address the most important issues affecting individuals and communities in the Greater Capital Region. These contributions are invested in all of the critical Issue Areas below. Amount: \$ _____

United Way Issue Areas: I want to invest in the building blocks everyone in our community needs for a good quality of life.

- EDUCATION/HEALTH**
 Giving young people a bright start.
 Amount: \$ _____
- FINANCIAL STABILITY**
 Lifting families from poverty.
 Amount: \$ _____
- BASIC NEEDS**
 Providing a community safety net.
 Amount: \$ _____

Thank you for your contribution. Please retain a copy of this form for your records.

GIVE. ADVOCATE. VOLUNTEER.



Optional contribution to specific agency/agencies.

United Way accepts gifts to health and human service agencies that serve people in the greater Capital Region.

OUR PARTNER AGENCIES ARE LISTED BELOW.

0100 A Different Way in Reading	1150 Community Maternity Services	2200 Samaritan Hospital/Crime Victim Support Team
0150 Albany Community Action Partnership	1200 Domestic Violence and Rape Crisis Services of Saratoga	2250 Saratoga Center for the Family
0200 Albany Damien Center, Inc.	1250 Equinox, Inc.	2300 Schenectady Community Action Program
0250 Arbor Park Child Care Center	1300 Family & Child Service of Schenectady	2350 Schenectady Day Nursery
0300 Bethesda House of Schenectady, Inc.	1350 Food Pantries for the Capital District	2400 Schoharie Community Action Program
0350 Big Brothers Big Sisters of the Capital Region	1400 Girls Incorporated	2450 Schoharie River Center
0400 Boys & Girls Club of Albany	1450 Greater Adirondack Home Aides	2500 Senior Services of Albany
0450 Capital District Child Care Coordinating Council	1500 Homeless and Travelers Aid Society (HATAS)	2550 Shelters of Saratoga
0500 Capital District Community Gardens	1550 Hospitality House	2600 Trinity Alliance of the Greater Capital Region
0550 Capital Region Workforce Development Center	1600 Interfaith Partnership for the Homeless	2650 Troy Area United Ministries
0600 Caregivers Support Services of Catholic Charities	1650 Jewish Family Services of NENY	2700 Unity House of Troy
0650 Cares, Inc.	1700 Joseph's House and Shelter, Inc.	2750 United Way of the Greater Capital Region (for United Way 2-1-1 Northeast Region)
0700 Catholic Charities Diocese of Albany	1750 Literacy New York Greater Capital Region	2800 United Way of the Greater Capital Region
0750 Catholic Charities Housing Office	1800 Literacy Volunteers of Rensselaer County	2801 United Way of the Greater Capital Region (for Emergency and Disaster Relief)
0800 Catholic Charities of Saratoga, Warren, and Washington Counties	1850 Literacy Volunteers of Schoharie County	2850 US Committee for Refugees and Immigrants
0850 Catholic Charities of Schoharie County	1900 Mechanicville Area Community Services Center	2900 Watervliet Civic Chest
0900 Catholic Charities Senior Services Schenectady	1950 Northeast Parent & Child Society	2950 Wildwood Programs Inc.
0950 Center for Community Justice	2000 Parsons Child and Family Center	3000 YWCA NorthEastern New York
1000 Circles of Mercy	2050 Research Foundation for SUNY	3050 YWCA of the Greater Capital Region, Inc.
1050 Cohoes Community Center	2100 Safe Inc. of Schenectady	
1100 Cohoes Multi-Service Senior Center	2150 Samaritan Counseling Center	

Please designate my gift to a specific **partner agency** or another United Way chapter.

Amount: \$ _____ Agency: _____

Agency code:

Please provide this agency with my contact information so my gift can be acknowledged.

Agency Address: _____

Agency Phone Number: _____

A contribution can also be made to another United Way or specific 501(c)3 (nonprofit) health and human service organization. Recipient organizations outside of those listed above are not subject to United Way of the Greater Capital Region's accountability review. If your designated agency is unable to accept your donation, we will contact you using the information provided on the reverse side of this page. If we are unable to contact you within 30 days, we will direct your gift to United Way's Community Care Fund.

Please designate my gift to a specific agency (non-United Way partner)

Amount: \$ _____ Agency: ARIZONA ELK SOCIETY

To see if an agency is a registered 510(c)3 nonprofit organization, visit www.guidestar.org

Please provide this agency with my contact information so my gift can be acknowledged.

Agency Address: 7773 W. Golden Lane, Peoria AZ. 85345

Agency Phone Number: 623-444-4147

Thank you for your contribution. No goods or services were provided in exchange for this contribution. Please retain a copy of this form for your records. United Way of the Greater Capital Region has received GuideStar's highest 2012 rating for sound fiscal management, financial accountability and transparency. Our most recent audited financial statements and IRS 990 report are available at www.unitedwaygcr.org, www.guidestar.org or by contacting the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271.