

UNITED WAY OF SENECA COUNTY PLEDGE FORM

NAME & ADDRESS:

EMAIL ADDRESS: _____

COMPANY: _____

METHOD OF PAYMENT:

- Payroll Deduction:** \$ _____ Per Check My Total Gift is \$ _____
- Payment Enclosed** (make checks payable to United Way of Seneca County)
- Bill Quarterly:** My Total Gift is \$ _____
- VISA Mastercard Discover** (circle one) My Total Gift is \$ _____
_____ Quarterly _____ Annually

Card # _____ Exp. Date: _____

SIGNATURE

(Required)

Giving is a personal decision. United Way strongly discourages and works to eliminate coercion of any kind in the solicitation process.

Top- Donor Copy Middle- Payroll Copy Bottom- United Way copy

Our community becomes a better place for all when ordinary people do extraordinary things. Please consider giving at the Leadership Circle level with a gift of \$500 or more.



United Way
of Seneca County

PO Box 623
Ste. 215, East Main St. Shops
Waterloo, NY 13165
315.539.1135
www.uwseneca.org

To make gifts of securities or include United Way in your will call 315.539.1135

IMPORTANT TAX INFORMATION FOR PAYROLL DEDUCTION: For charitable

contributions you must keep your copy of this pledge card AND your last pay stub for the year that this pledge is deducted.

United Way of Seneca County does not provide goods or services in whole or partial consideration for any contributions made via this pledge card.

A copy of the last financial report filed with the Department of Law may be obtained by writing to: United Way or NYS Dept. of Law 120 Broadway-3rd Fl., New York, NY 10271

Optional Designations:

\$ _____ **United Way**

(For investment by experienced United Way volunteers who analyze community needs and distribute funds to health and human service programs)

\$ _____ **Areas of Need for United Way
of Seneca County**

- Education
- Health
- Income

\$ _____ **A Specific United Way of
Seneca County Partner Agency**

Name of United Way Partner Agency

\$ _____ **Another United Way**

Name and address of United Way

I wish to provide support for all United Way of Seneca County partner agencies and programs except:

Name of Agency or Program

I have contributed to the United Way for _____ years.

- I would like more information on including the United Way of Seneca County in my will.

United Way will make every effort to forward your gift to the organization you designate. However, if the organization you designate does not meet current United Way fund distribution policy, **United Way reserves the right to redirect the gift to United Way's general fund. This policy is adopted in accordance with Financial Accounting Standards 116 & 136.**