

My Personal Investment



United Way
of Seneca County

Please complete the form below. Thanks for what you do to Live United!

Name _____ Date _____

Home Address _____ City _____

State _____ Zip Code _____ Phone () _____ Employer _____

Personal E-mail Address

(To reduce cost and waste, United Way uses e-mail as a main form of communication. By providing your e-mail address, you are authorizing United Way of Seneca County to communicate with you via e-mail. You may opt out of these communications at any time. We do not sell, trade or share your contact information with others).

IMPORTANT TAX INFORMATION FOR PAYROLL DEDUCTION: For charitable contributions you must keep your copy of this pledge card AND your last pay stub or W-2 form 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.

Give. I would like to help advance the common good by contributing to education, income and health, the building blocks for a good life.

My total gift amount is \$ _____

_____ Cash _____ Check (payable to United Way of Seneca County)

_____ Stocks, Other Assets and Bequests
(For more information, call 315-539-1135)

Giving Guide	
Weekly Pledge	Annual Gift
\$1	\$52
\$5	\$260
\$10	\$520
\$20	\$1,040
\$35	\$1,820

Yes, I'm a Leadership Giver (check one)	
_____	President's Circle: \$2,500 and over
_____	Director's League: \$1,500 - \$2,499
_____	Key Club: \$1,000 - \$1,499
_____	Benefactors: \$750 - \$999
_____	Sponsors: \$600 - \$749
_____	Sustaining \$500 - \$599

_____ Payroll Deduction Withdraw \$ _____ One-time(now) Per Check(26) Monthly(12) Quarterly(4) Semi-Annually(2) (circle one)

_____ Credit Card: Visa Mastercard Discover (circle one) Card # _____ - _____ - _____ - _____ Exp. Date: _____

_____ Direct Bill (minimum \$25 per bill) Bill me \$ _____ One-time(now) Monthly(12) Quarterly(4) Semi-Annually(2) (circle one)

_____ Automatic Bank Withdrawal Withdraw \$ _____ One-time(now) Monthly(12) Quarterly(4) Semi-Annually(2) (circle one)
(include a voided check)

Direct my gift to:

_____ Community Care: I want my gift to go where it is needed most. Please allow the volunteer Community Investment Committee to determine the community's greatest need and allow me to impact those needs.

_____ UWSC Funded Partner Agency: _____ Dollar Amount \$ _____

_____ Another United Way: _____ Dollar Amount \$ _____

Let us know:

_____ I wish for my gift to remain anonymous.

_____ I have donated to the United Way for more than 10 years, I am a LOYAL CONTRIBUTOR.

_____ I have included United Way in my estate plans.

_____ I want to know how to include United Way in my will so I can leave a lasting legacy to my community.

Advocate. Yes, I can make a change by using my voice. United Way needs people who are passionate about education, income and health to make some noise!

Sign up for United Way Action Alerts so you can stay informed about advocacy opportunities right here:

My e-mail address _____

Volunteer. I would like to donate my time by volunteering for United Way. (Check all that apply).

_____ VITA (Volunteer Income Tax Assistance)

_____ For a United Way Funded Agency

_____ Community Investment Committee

_____ Taste of Spring Planning Committee

_____ Any Opportunity to Serve

_____ Annual Chicken Barbecue

_____ Talent: I would like to donate my talent by joining one of your committees or offering my skills and services to United Way. Please contact me with more information.

Signature (Required)



Sign Here & Thank You!

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

United Way of Seneca County Contact Information

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**GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED.**