PLEDGE FORM



TELL US ABOUT YOURSELF														
FIRST NAME*						LAST NAME	*							
HOME ADDRESS*									MON.	TH OF BIRTH	If y	ou want us to c	elebrate with you	
CITY*							STATE*				ZIP*			
PREFERRED PHONE*										☐ Home ☐ Mobile ☐ Work				
PERSONAL EMAIL*	PERSONAL EMAIL* □ I prefer electronic communication													
COMPANY*		DEPT/BRANCH												
☐ I would like to be recognized with my spouse/partner. NAME										COMPANY				
PRINT HOW YOU WOULD LIKE TO BE RECOGNIZED IN PUBLICATIONS* □ I wish to remain anonymous														
AGE RANGE	□U	□ Under 30 □ 30-39 □ 40-59 □ 60+ PRONOL							OUNS					
AREAS I CARE ABOUT MOST □ Healthy Communities □ Youth Opportunity □ Financi									ncial S	al Security Community Resiliency				
* Required Field														
MANAGE YOUR DONATION PAYROLL DEDUCTION \$ total gift \$ per pay period × pay periods annually = total gift Minimum pledges - \$1.00 per week CREDIT/DEBIT CARD \$ total gift Make a secure credit card donation at unitedwaygcr.org/pledge										BEALEADER PLEASE SEND ME INFORMATION ON: □ United to Volunteer A free platform to find live volunteer opportunities in your community that match your interests and skill sets. □ Women United A network of philanthropic women looking to create change that positively affects local women.				
□ CHECK \$ total gift Personal check made payable to United Way of the Greater Capital Region (remit to address below). □ SECURITY/STOCKS Please contact me with details on how to transfer.										□ Emerging Leaders United A network of young professionals looking to make an impact locally. □ Estate Planning How to include United Way GCR in my estate planning.				
GIFT DESIGNATION IS OFFERED AS AN OPTIONAL SERVICE. DESIGNATE \$ of my gift to the following 501(c)(3) nonprofit organization ORGANIZATION LEGAL NAME* DIP CODE* PLEASE DO NOT release my information to this organization										THANK YOUL FROM STRENGTHENING LOCAL RESILIENCE TO ADVANCING HEALTH, YOUTH OPPORTUNITY, AND FINANCIAL SECURITY, UNITED WAY IS MOBILIZING COMMUNITIES TO ACTION SO ALL CAN THRIVE.				
SIGNATURE										DATE				

PLEASE SEE OUR WEBSITE FOR OUR DONOR POLICIES.

Please retain a copy of this form for your records. Non-United Way partner organizations are not subject to United Way GCR's accountability review. If your designated agency is unable to accept your donation, we will contact you using the information provided on this form. If we are unable to contact you within 30 days, we will direct your gift to United Way's Community Care Fund. Designated donations are subject to a nominal processing fee. For updated donor policies, please visit our website.

No goods or services were provided in exchange for this contribution. Our most recent audited financial statements and IRS 990 report are available at www.unitedwaygcr.org, www.charitiesnys.com or by contacting the Office of the Attorney General, Department of Law, Charities Bureau at (212) 416-8686 or 120 Broadway, New York, NY 10271.

Your privacy is important to us and your information will not be sold or used in any unauthorized way. Please keep a copy of this form for your tax records. Consult your tax advisor for more information.

WHAT CAN YOUR DOLLAR DO in the Greater Capital Region



\$5 A PAY CHECK = \$130 PER YEAR

\$15 A PAY CHECK = \$390 PER YEAR



Provides a child a **free book mailed** to their
home each month



Helps provide ongoing mental health services for teens



Provides a child a **free lunch** during the summer months



Helps provide essential **baby items to parents** in need

\$25 A PAY CHECK = \$650 PER YEAR

\$50 A PAY CHECK = \$1300 PER YEAR



Provides sustainable food solutions for struggling families



Provides **free tutoring** for grades 1-5



Helps provide transportation services in underserved parts of our community



Helps secure **affordable housing** for low-income families

From strengthening local resilience to advancing health, youth opportunity, and financial security, United Way is mobilizing communities to action so all can thrive.