UNITED WAY
Mid Rural New York

PLEDGEFORM
Campaign 2027

1 MY INFORMATION

Full Name (s)
PLEASE USE CAPITAL LETTERS

Signature: _____ **Date:** _____

Phone Number : _____ ☐ Cell ☐ Work ☐ Home

Address : _____

City : _____ **State** : _____ **Zip** : _____

Email : _____

Employer (optional) : _____

2 INVEST IN YOUR COMMUNITY

Your donation will remain in the county in which it's given unless designated otherwise.

☐ United Way of Mid Rural New York
(By checking this box, I indicate that I trust United Way to invest my gift where the needs or opportunities to improve are greatest)

☐ Chenango

☐ Delaware

☐ Otsego

☐ Madison

☐ United Way of _____

I prefer to support a United Way Impact Area:

☐ **Healthy Community:**
Improving health and well-being for all.

☐ **Youth Opportunity:**
Helping young people realize their full potential.

☐ **Financial Security:**
Building financial stability and strength.

☐ **Community Resiliency:**
Addressing urgent needs today for a better tomorrow.

3 MY GIFT

Fair Share Giving

Fair Share giving was created to give you an idea of what others contribute and to make consistent requests of local donors. The guideline is based on percentage of base pay salary and reflects the costs of providing services in our local area. Fair Share giving has become a very popular method of giving within several companies in our area.

$0-$24,999	.003
$25,000-$49,999	.004
$50,000-$99,999	.005
$100,000+	.006

For example, if a person making $30,000/year would like to contribute a Fair Share gift, their annual gift would be $120.00 ($30,000 x .004). On a weekly pay schedule, this would equal a payroll deduction of $2.31 per pay week. That's less than one cup of coffee per day! But it makes a huge difference to someone seeking United Way services in each of our communities.

☐ **Payroll Deduction** : I want to contribute the following amount for each pay period.

Amount:_____ Number of pay periods:_____ Annual Amount: _____

☐ **I choose a direct gift of $** _____

☐ Cash ☐ Personal Check # _____ ☐ Other (retirement, IRA, Stocks) _____

☐ Credit Card# _____ EXP _____ CVC _____

Name on Card _____

Please charge me ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Lump Sum

Date you would like your card to be charged: _____

If your contribution or the combined contribution of you and your spouse amounts to $500 or more, we would like to publicly thank you in our annual report. In order to do so please sign below.

Spouse/Partner Name: _____ The Gift $: _____

Name as it should appear on the report: _____

THANK YOU!