PLEDGE FORM





TELL US ABOUT YOURSELF										
FIRST NAME*			LAST NAME	*						
HOME ADDRESS*	•					PR	ONOUNS			
CITY*				STATE*				ZIP*		
PREFERRED PHONE*							☐ Home ☐ Mobile ☐ Work			
PERSONAL EMAIL*							☐ I prefer electronic communication			
COMPANY*				DI	EPT/BRAN	ICH				
☐ 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 anonymou										in anonymous
* Required Field										
MANAGE YOUR DONATION							BE A LEADER			
□ PAYROLL DEDUCTION \$total gift							PLEASE SEND ME INFORMATION ON:			
\$ per pay period × pay periods annually = total gift							☐ United to Volunteer			
Minimum pledges - \$1.00 per week							A free platform to find live volunteer opportunities in your community that match your interests and skill sets.			
□ CREDIT/DEBIT CARD \$ total gift							your interests and skill sets.			
Make a secure credit card donation at unitedwaygcr.org/pledge							☐ Women United A network of philanthropic women looking to create change that positively affects local women and families.			
□ CHECK \$ total gift										
Personal check made payable to United Way of the Greater Capital Region (remit to address below).							iocai woi	men ana	ramilies.	
- CECUDITY (CTOCKS							☐ Estate Planning			
□ SECURITY/STOCKS Please contact me with details on how to transfer.							How to include United Way in my estate planning.			
GIFT DESIGNATION I	IS OFFERED AS AN OPTIONAL SERVICE.						TII	AA	IV V	
□ DESIGNATE \$ of my gift to the following 501(c)(3) nonprofit organization								Ar	IK Y	UU!
□ ORGANIZATION LEGAL NAME*							FROM STRENGTHENING LOCAL RESILIENCE TO ADVANCING HEALTH, YOUTH OPPORTUNITY, AND			
□ NONPROFIT EIN* □ ZIP CODE*										
□ PLEASE DO NOT release my information to this organization										IS MOBILIZING L 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.



UNITED IS THE WAY



Your gift through fuels action, mobilizes our community, and drives lasting change across New York's Greater Capital Region.







GIVE. ADVOCATE. SERVE. unitedwaygcr.org