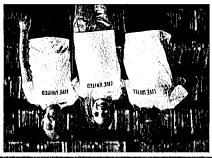
GIVE. ADVOCATE. VOLUNTEER.

www.unitedway-cny.org

United Way of Central New York









ייי ט כאוַןקי

a family... a neighbor

Make a Difference for



LIVE UNITED

SPECIAL REQUESTS Complete this section ONLY if you wish to designate your gift or exclude an agency from your gift. We ask donors to make special requests at the time of their pledge. Special request donors must also complete the front of this form.

Please consider at least making half of your donation a gift to the whole community through United Way.

Prease consider at least making nail of your donation a gift to the whole community through United Way: \$_____

Portion of my total gift designated to the eligible* organization below \$_____

Agency Name: __

Agency Address: _

Agencies are sent the names of donors who designate their gifts only if United Way receives this information from employers. Donors may request to make their designated gift anonymously.

Check Here if you do NOT wish us to send your name to the above agency.

I wish to exclude** this United Way agency from my gift: _

- * ELIGIBLE ORGANIZATIONS include: Other United Ways and 501(c)(3) health and human service organizations located in New York State or where the donor resides. Agencies must comply with the Federal Patriot Act to receive funding.
- ** EXCLUSION When donors ask to exclude an agency from their gift, the actual amount withheld is calculated on a pro-rated basis. United Way modifies allocations when total exclusions to an agency reach 5 percent or more of their total allocations.

Gifts to United Way agencies are treated as the "first dollars" toward an agency's annual allocation. United Way supplements these dollars with funds given directly to United Way to complete the agency's total annual allocation. In the event that designated gifts exceed the agency's annual United Way allocation, the agency will receive this larger amount. Designated gifts to agencies outside our funding system are sent quarterly from actual funds received.

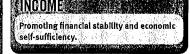
FINANCIAL ACCOUNTABILITY Donors are welcome to request detailed financial information about United Way. Copies of this information are available from us: United Way of Central New York, 518 James Street, P.O. Box 2129, Syracuse, NY 13220, 315-428-2211, www.unitedway-cny.org; or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer 120 Broadway, New York, NY 10271.

Some examples of how you have helped.

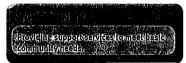
Some examples of how you have helpe	?(
PROCENTION	Ì
Helping community members to achieve their full potential;	
Young children and teens 4,822 participate in mentoring	
programs	
	h



Seniors receive assistance 3,385 allowing them for emain independent and healthy.



Youth and adults with vision/hearing loss 160 receive job feadiness skills necessary to become competitively employed



Meals to be served 658,283 to those in need community-wide

Your gift to United services that build	l Way is the mos d our community	t effective and e by staying in ou	fficient way to s r community. L <mark>l</mark>	upport a network of VE UNITED .
1 Decide if you wil	l take the Step Up	Challenge* and F	PICK YOUR PRIZE (CATEGORY!
	the Step Up Challenge			
Dream Card \$3,000 debit card to use for anything your heart desires donated by NBT Bank.	Fill Your Fridge \$3,000 gift card good for food and mechandise at any store location donated by Wegmans.	Home Makeover \$3,000 in furnishings for any room in your home donated by Raymour & Flanigan Furniture.	Dream Vacation \$4,000 toward the vacatiof your dreams donated by SRC, Inc. & BTI Travel Consultants.	on ALL PRIZES ARE DONATED
2 Indicate the am	ount of your gift a	and your payment	method. Total	annual gift: \$
P/	AYMENT METHOD (cl	noose one)	Pledge	e per pay period: \$
Payroll Deduction				IP GIVING please include me in:
☐ Weekly☐ Bi-weekly☐ Twice a month☐ Monthly	☐ Debit/Cr Frequency ☐ Monthly ☐ Quarterl ☐ On this o	edit Card Debit/Cre Securities Check y (to United Wa	OPTIONA y of CNY)	nilton White Society ual gifts of \$1,000 or more) AL FOR HAMILTON WHITE ONLY oline my gift with that of my spouse/partner se name:
Debit/Credit Card #		Exp C	/C	se employer: Club <i>(annual gifts of \$500 - \$999)</i>
Complete your d				
Home Address				
3) City			State Zip	Phone
4) Employer				-
5) Member of organiz	zed labor - Local			
6) Home Email				
Please tell us the firs	t year you gave to Unite	d Way in any city (to the b	est of your knowledge)	
	invest your gift. Il United Way funds and		options.	United Way
I wish to have Unite	of Central New York UnitedWay-CMY.org *Donation not required to			
I wish to designate	enter. Alternative entry available on our website, UnitedWay-CNY.org			
5 Sign and date ye	United Way has not provided any goods or services in exchange for this gift.			

Date

Signature required for all pledges

Thank you!