

2009-2010

Name _____ Company _____

Mailing Address

To make gifts of securities or include the United Way in your will, please call 315-253-9741.

Email Address (used only for United Way purposes)

Please check one and fill in the blanks.*

\$ _____ per pay check My total pledge is \$ _____

\$ _____ single gift attached & paid in full (make checks payable to United Way of Cayuga County)

Please bill me for my total gift of \$ _____ at the above address

annually semi-annually quarterly

Please bill my credit card: Visa MC Discover Amex (circle one) Total Gift: \$ _____

annually semi-annually quarterly monthly Card # _____

Exp. Date: _____

Security Code: _____
(3 or 4 digit # on back of card)

SIGNATURE (required)

DATE

*See below for designations

IMPORTANT TAX INFORMATION FOR PAYROLL DEDUCTION: For charitable contributions you must keep your copy of this pledge card AND your last pay stub for the year that this pledge is deducted.

United Way of Cayuga County, Inc. does not provide goods or services in whole or partial consideration for any contributions made via this pledge card.

You may request a copy of our form CHAR 500 from us or from the Office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271.

United Way will make every effort to forward your gift to the organization you designated. However, if the organization you designate does not meet current United Way fund distribution policy, United Way reserves the right to redirect the gift to United Way's community care fund. This policy is adopted in accordance with Financial Accounting Standards 116 & 136.

In compliance with United Way of America's Membership Standard M, a fundraising/administrative fee not to exceed 10% will be charged on designations to non-United Way recipient agencies outside of Cayuga County.

Campaign Dates: September 15, 2009 thru December 8, 2009 – Dollars raised in this campaign are for 2010 allocations.

2010 Impact Areas:

Early Childhood/Youth Development
Senior Independence
Enhancing Family Wellness

Strengthening Family & Individual Well-Being
Building Skills for Self-Sufficiency
Rebuilding Lives in Time of Disaster

I wish to direct my gift to:

2010 Impact Area(s)

 YES – Thank You from United Way will be necessary

Other Organization(s)

 YES – Thank You from Organization(s) will be necessary

Organization Address _____

(If out of state, please provide address)

THANK YOU!

White Copy: United Way

Yellow Copy: Employer

Pink Copy: Employee



**United Way
of Cayuga County**

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