

PLEDGEFORM Campaign 2024

1 MY INFOR	RMATION					
Full Name						
(PLEASE USE CAPIT						
Phone Number	•			Cell	Work	Home
Addres City		State:		7	ip:	
Emai		State :				
Employe (optiona						
	YOUR COM	MUNITY				
Your donation wi	ll remain in the co	ounty in which it's į	given unless	designate	d otherwise.	
Chenango			Otsego			
Delaware			Madison			
(By checking this	of Mid Rural New Yo box, I indicate that I trust U eds or opportunities to imp	nited Way to invest my	United W	ay of		
I prefer to suppo	ort a United Way I	mpact Area:				
Health: Hel	ping youth and adul	ts stay healthy and/o	r avoid risky b	ehaviors.		
Education:	Helping individuals	succeed from the cra	dle to career.			
Income: Sta	abilizing immediate l	basic needs and enco	uraging long t	erm financi	al stability.	
Amount:		ntribute the following Number of pay per				
Cas			Personal Che	ck #		
	edit Card# Jame on Card		EXP		CVC	
P	Please charge me	Monthly Quarterl	y Semi-Ann	ually Lur	mp Sum	
		- Fair :	Share Giving			
	on percentage of base	ou an idea of what oth pay salary and reflect ry popular method of g	s the costs of p	providing ser	vices in our local are	
	\$0-\$24,999	.003		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		
	\$25,000-\$49,999	.004	(\$30,000 x payroll de			
	\$50,000-\$100,000	.005		of coffee per day! But it m seeking United Way servio		
4 LEADERS	HIP CIRCLE	MEMBER				
		contribution of you ar ort. Please sign below			o \$500 or more, we	e would like to
Spouse/Partner Name as it should Signature:	Name:d appear on the repo	ort: The C	Gift \$:			