



PLEDGEFORM

Campaign 2025

1 MY INFORMATION

Full Name (s) _____
 (PLEASE USE CAPITAL LETTERS) _____
 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)

Otsego
 Madison
 United Way of _____

Chenango
 Delaware

I prefer to support a United Way Impact Area:

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

Financial Security:
 Building financial stability and strength.

Youth Opportunity:
 Helping young people realize their full potential.

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 # _____

Credit Card# _____ EXP _____ CVC _____
 Name on Card _____

Please charge me Monthly Quarterly Semi-Annually Lump Sum
 Date of the month you would like your payment to pull _____

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: _____

4 SIGN/DATE

Signature: _____ Date: _____

THANK YOU