



**STEP 1. Please print firmly and clearly. Your personal information is kept confidential.**

United Way of the Southern Tier will not share your personal information with third parties.

Mr.    Ms.    Mrs.    Dr.                       Male    Female

\_\_\_\_\_ MI  
 First Name

\_\_\_\_\_ Suffix  
 Last Name

\_\_\_\_\_  
 Home Address (For credit card charges, address listed must be your billing address)

\_\_\_\_\_ State \_\_\_\_\_ Zip  
 City

\_\_\_\_\_  
 Preferred e-mail address    This is my:    Work e-mail    Personal e-mail

\_\_\_\_\_ Preferred Phone Number    Work    Home  
 Employer Name

**Your Birth Date:**

\_\_\_\_\_  
 Mo      Day      Year

**Are you a Loyal Contributor?**  
 I have been donating to (any) United Way for \_\_\_\_\_ years. (This does not have to be continuous.)

**Retiring this year?**  
 Congratulations! Please provide your tentative retirement date:

\_\_\_\_\_  
 Month      Day      Year

**STEP 2. Preferred payment method. Please choose A, B, C or D.**

**A:  EASY PAYROLL DEDUCTION**

I would like to contribute the following amount each pay period:

\$5    \$10    \$15    \$20    \$50  
 \$\_\_\_\_\_ Other

OR

Increase my pledge by \$\_\_\_\_\_ per pay period. (\$\_\_\_\_\_ prev. yr. pledge amt.)

I get paid this many times per year:

21    24    26    52    Other \_\_\_\_\_

**TOTAL AMOUNT\* (A) \$**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 \$ per pay                      # pays                      total annual gift

**B:  CASH OR CHECK ENCLOSED**

Please make checks payable to:  
 United Way of the Southern Tier

Ck#: \_\_\_\_\_

**TOTAL AMOUNT\* (B) \_\_\_\_\_**

**C:  DIRECT BILLING**  
*Minimum pledge \$25*

Please bill me:

One time  
 Quarterly invoices in Jan. Apr. Jul. Oct

**TOTAL AMOUNT\* (C) \$ \_\_\_\_\_**

**D:  CREDIT CARD CHARGE**  
*Minimum charge \$25*

Visa                       American Express  
 Discover                       MasterCard

\_\_\_\_\_  
 Account Number

\_\_\_\_\_ / \_\_\_\_\_  
 Month      Year      Expiration Date

\_\_\_\_\_  
 3-Digit Code Located on Back of Card

**TOTAL AMOUNT\* (D) \_\_\_\_\_**

\* Individual or combined gifts of \$500 or more, please complete Step 3 below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Sign and date here to authorize pledge and payment method.)

## THANK YOU FOR YOUR SUPPORT!

**STEP 3. Leadership Society Membership**

Individual or combined gifts of \$500 or more qualify you for a Leadership Society. (See Leadership Society details on back) Please complete this section if you qualify. Check all that apply:

- Please combine my gift with my spouse or partner when calculating our giving level.  
 Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_
- For public recognition, please list my/our name as follows: \_\_\_\_\_
- I wish to remain anonymous and do not want public recognition for my leadership gift.



**INFLUENCE THE CONDITION OF ALL — INVEST IN THE UNITED WAY OF THE SOUTHERN TIER COMMUNITY FUND**

A contribution to the community fund supports the most pressing needs affecting our community. Children become stronger, families remain stable, and our seniors live independent and healthy lives. Your contribution to the community fund stays here in our community and will do the most good.

While the greatest impact is achieved through the Community Fund, you may direct all or a portion of your contribution to support a United Way partner agency, other United Way, or any eligible health and human service 501(c)(3) non-profit tax-exempt organization. Due to the cost of processing, only those designations of \$50 or more will be honored. Lesser amounts will revert to the Community Fund.

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_