

**I Choose to LIVE UNITED:**

Your information will never be sold to outside parties.

Name \_\_\_\_\_  Home Phone # \_\_\_\_\_  
(Mr., Mrs., Ms., Miss., Dr.)

Employer \_\_\_\_\_ Emp. ID \_\_\_\_\_  Work Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  Cell Phone # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_  Home E-mail \_\_\_\_\_

Please recognize me/us as follows: \_\_\_\_\_ Spouse/Partner's Company: \_\_\_\_\_  
 I/We wish to remain anonymous. (Your name and pledge will not be shared with your designated agencies.) The first year I gave to any United Way was: \_\_\_\_\_ (year)  
 My name or address has changed

**I Choose to Get Involved:**

- Young Leaders Society (YLS):** donors 45 or younger giving \$500 annually
- Hispano Philanthropic Society (HPS):** donors giving \$1000+ annually (or concurrent membership in YLS)
- Women In Philanthropy (WIP):** women making an annual gift of \$1000+

**I Choose to Give:**

**Total Pledge**

<input type="checkbox"/> <b>Payroll Deduction</b> For each paycheck I receive, please deduct: <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$100 <input type="checkbox"/> \$42 <input type="checkbox"/> \$21 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 The number of paychecks I receive per year is: <input type="checkbox"/> 12 (once a month) <input type="checkbox"/> 24 (twice a month) <input type="checkbox"/> 26 (every 2 weeks) <input type="checkbox"/> 52 (every week)	\$
<input type="checkbox"/> <b>Payment Attached</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check*    Make check payable to UWCNM. Check number _____ <small>*When you provide a check as payment, you authorize UWCNM either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. DO NOT STAPLE money or checks to this form. Please paperclip.</small>	\$
<input type="checkbox"/> <b>Debit My Bank Account</b> (A voided check is <b>REQUIRED</b> )    Routing# _____    Account # _____ <input type="checkbox"/> One time (February 2017) <input type="checkbox"/> Monthly (January – December 2017) <input type="checkbox"/> Continuous Monthly (Until I notify UWCNM to discontinue)	\$
<small>United Way of Central New Mexico is a 501(c)3 organization and your donation may be tax deductible. Please consult your tax advisor. United Way does not provide goods or services in whole or in partial consideration for any contribution.</small>	\$

**You can give via credit card through our website at [www.uwcnm.org/eway](http://www.uwcnm.org/eway) or call Finance at 247-3671.**

**I Choose to Improve Lives in This Way:** (Total in this section must equal total in section above.)

**Total Pledge**

<input type="checkbox"/> \$ _____ <b>Community Fund; to support the work of United Way of Central New Mexico</b> <b>-OR- Target my gift to one or more specific focus areas of United Way's work:</b> Community Fund Issue Areas: <input type="checkbox"/> \$ _____ to Education <input type="checkbox"/> \$ _____ to Health <input type="checkbox"/> \$ _____ to Basic Needs & Financial Stability	<input type="checkbox"/> \$ _____ to Center for Nonprofit Excellence <input type="checkbox"/> \$ _____ to Hispano Philanthropic Society Middle School Initiative Fund <input type="checkbox"/> \$ _____ to Mission: Graduate <input type="checkbox"/> \$ _____ to Tax Help New Mexico <input type="checkbox"/> \$ _____ to Women's Self-Sufficiency Fund <input type="checkbox"/> \$ _____ to Young Leaders Society High School Initiative Fund	\$
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**OPTIONAL:** ~~X~~ I choose to designate a portion of my contribution to any nonprofit organization (additional designations may be attached via paperclip)  
 In order for United Way to provide critical support to our community, at least 10% of your tax deductible gift must be allocated to United Way of Central New Mexico's work.  
 Contributions may revert to United Way of Central New Mexico if the designated agency is not a 501(c)3 or cannot be located. In order to keep administrative costs low, \$30 is the minimum amount for designations per agency.

Name of organization, city, state: **Project PeacePal-Global One to One, Albuquerque, New Mexico** \$ \_\_\_\_\_

**SIGN HERE**

\_\_\_\_\_  
 Your signature is required to process your pledge and to authorize payroll deduction. Date \_\_\_\_\_

*Thank You!*