



YOUR GIFT. YOUR COMMUNITY.

Your gift to Chenango United Way is the most effective and efficient way to support a network of services that builds our community by staying in our community.



www.chenangouw.org



1. CONTACT INFORMATION

NAME: _____
 MAILING OR DIRECT BILLING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PHONE(S): _____ EMPLOYER: _____
 EMAIL ADDRESS: _____ (Please save expenses and thank me via email.)

2. PLEASE SELECT YOUR GIVING OPTION FAIR SHARE GUIDE: Nobody can tell you the amount that is right for you to give, but sometimes a guideline can be useful as you consider this important question: Salary \$1 to \$24,999 X .004 • Salary \$25,000 to \$49,999 X .005 • Salary \$50,000+ X .006

EASY PAYROLL DEDUCTION

I authorize my employer to deduct \$_____ per pay period for a total annual gift of:

AMOUNT \$

BILL ME

My total annual gift

AMOUNT \$

Date to start billing if other than January 1st _____

- One time
- Quarterly (recurring every 3 months)
- Monthly (recurring every month)

CASH or CHECK (attached)

AMOUNT \$

Check # _____
 Check date _____

STOCKS AND SECURITIES

AMOUNT \$

Check if you are planning a gift of stock and we will contact you.

BANK TRANSFER(S) (ACH)

AMOUNT \$

Contact our office to discuss details (chenangouw@frontiernet.net or 607 334-8815)

CREDIT CARD (\$25 minimum)

My total annual gift

AMOUNT \$

Date to start billing if other than January 1st _____

- One time
 - Quarterly (recurring every 3 months)
 - Monthly (recurring every month)
- Card # _____
 Expiration date _____
 Signature _____

ALL DONORS Contact us if you need a tax letter (chenangouw@frontiernet.net or 607 334-8815)

3. LEADERSHIP CIRCLE RECOGNITION Chenango United Way recognizes individuals giving \$500 and above.

NAME(S) AS SHOULD BE PUBLISHED: _____
 I/We wish to remain anonymous.

4. OPTIONAL You need not complete this section if you wish to invest in ALL the Chenango United Way funds and initiatives.

- Invest my gift in the selected focus area(s) Education Income - basic needs Income - financial stability Health
- Donate my gift to another United Way _____

6. SIGNATURE A signature is required for all pledges. Alternatively, completed forms sent to chenangouw@frontiernet.net via your valid email address will be considered as the equivalent of a signed form.

Signature _____ Date: _____

THANK YOU FOR YOUR DONATION AND FOR INVESTING IN OUR COMMUNITY!

* **PLEASE keep a copy of this form for your tax records.** To comply with IRS regulations governing prizes with fundraising, the fair market value of the chance to enter the prize drawings will amount to \$1 of the participating donor's contribution and will be non-deductible for income tax purposes. The selected donors will be responsible for all taxes (fees and income) associated with winning the prizes. To be eligible to participate, entrant's principal place of employment must be in Chenango County, New York. Employees of Chenango United Way, members of the Board of Directors and members of their immediate families are not eligible.

Office Use Only

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