

UNITED WE DO MORE

2024-25 COMMUNITY CAMPAIGN

Individual Pledge Card



100% of donors' gifts go to programs and services; all processing fees and administrative costs are covered by UWTC and our UWTC Cornerstone Partners.

Name: _____

Personal Phone #: _____

Personal Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____

- Retire I will retire within 12 months
 Please contact me about planned giving

Please combine my gift with my spouse/partner's contribution.

Acknowledgement:

How would you prefer for UWTC to acknowledge your gift?

Name: _____

Address: _____

Employer: _____

- Same as above
 Anonymous

Pledge Amount:	<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Cash <input type="checkbox"/> Check	Desired Payment Method <input type="checkbox"/> Credit/Debit <input type="checkbox"/> ACH
\$ _____	<small>please make checks payable to: United Way of Tompkins County</small>	Routing #: _____ <small>(ACH Only)</small>
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Bill Me <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Account #: _____ <small>(Cards & ACH)</small>
\$ _____ <small>amount per pay period</small>	<input type="checkbox"/> My pledge will be fulfilled by payment directed by me from <small>(please indicate retirement account, donor advised fund, or other funding source)</small>	CVV: _____ Exp. Date: _____
X		Zip Code: _____
# _____ <small>#of pay periods</small>		_____ <small>Signature</small>
<input type="checkbox"/> Please make this a perpetual pledge unless I notify UWTC otherwise via a new pledge or other communication.		<input type="checkbox"/> Please contact me about a stock gift.

You are all set, unless you wish to designate. (If so, please continue on the back side of this form.)

Thank you for supporting our community by giving through UWTC!

United Way of Tompkins County does not provide goods or services as whole or partial consideration for this contribution.

You will receive a thank you letter acknowledging your gift within 30 days, or you can receive one after that time by emailing campaign@uwtc.org or calling us at (607) 500-GIVE.

A copy of UWTC's latest annual financial report may be obtained from us by emailing info@uwtc.org, on our website at uwtc.org/public-reporting, calling (607) 500-GIVE, or by stopping into our offices located at 313 N. Aurora St, Ithaca, OR from the Attorney General's Charities Bureau's Website - www.charitiesnys.com - or by calling the Attorney General - (212) 416-8686.

313 N Aurora Street | Ithaca, NY 14850 | P: 607.272.6286 | www.uwtc.org

GIVE.

ADVOCATE.

VOLUNTEER.

Designate Your Gift to UWTC's United Tompkins Impact Fund (formerly Community Care Fund)

100% of your gift provides grants to Tompkins County Non-Profits that:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Address critical needs in the impact areas shown below. • Provide resources to those living and/or working in Tompkins County in order to thrive. • Provides services that reduce and remove barriers for marginalized persons. | <ul style="list-style-type: none"> • Are committed to serving in the framework of diversity, equity, and inclusion for all persons. • Have a proven record of high impact and fiscal responsibility. • Partner collaboratively with other organizations in the United Way network. |
|---|---|

- I wish to designate my full pledge of \$ _____ to the United Tompkins Impact Fund
- I wish to designate \$ _____ to the United Tompkins Impact Fund.

Designate Your Gift to A Specific Area of Impact

The United Tompkins Impact Fund supports all of these impact areas; however, I would like to designate my pledge to these areas as follows:

\$ _____
Housing

\$ _____
Childhood and Youth Success

\$ _____
Food Security

\$ _____
Health

\$ _____
Mental Health

\$ _____
Marginalized Communities

Designate Your Gift to A Specific UWTC Program



\$ _____
Support for Households/
Individuals Facing Economic
Challenges
(United Way/2-1-1 ALICE Program)



\$ _____
Your gift will provide funds to support special
initiatives that increase our impact partners'
capacity to meet community needs.
(T. Merrell Shipherd Fund)



\$ _____
UWTC Cornerstone Partners
(your gift will support the
administrative costs for UWTC,
making our impact work possible)

Designate Your Gift to A Specific Organization(s)

United Way of Tompkins County will pass on 100% of your designated gift once paid.
(Other organizations must be a 501(c)3 nonprofit that complies with the Patriot Act)

Other United Way: I wish to designate \$ _____ to United Way in _____
(List County and State)

Other Organizations: I wish to designate \$ _____ to _____

I wish to designate \$ _____ to _____

I wish to designate \$ _____ to _____

My total designations (UTIF + Impact Areas + UWTC Programs + Others) = \$ _____
(This should match your pledge amount on the front of the card)