2023-2024 PLEDGE FORM

MY ANNUAL GIFT: $

1 DONOR INFORMATION *This information will not be shared*

☐ I wish to remain anonymous (leadership donors $1,000+)

First _____ MI _____

Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ ☐ *Work* ☐ *Home* ☐ *Mobile*

Email _____

Workplace/Union _____

☐ I am retired/retiring soon DOB *(optional)* ___/___/_____

2 PAYMENT METHOD *Choose ONE*

☐ **Option 1: Cash/Check Enclosed**

☐ Cash ☐ Check ***Payable to United Way MV***

☐ **Option 2: Debit/Credit Card** *$50 minimum annual gift*

Card Number _____

Exp. Date ____/_____ CVV Code _____

Billing Zip Code _____ Start Date ___/_____

Please Charge Me: ☐ Once **OR** ☐ Quarterly

☐ **Option 3: Payroll Deduction**

Amount per pay period: $ _____ *(multiplied by)*

Number of pay periods: _____

3 SIGN AND DATE PLEDGE FORM *Required*

* _____

Signature required for all pledges Date _____

DONOR SOCIETIES

United Way of the Mohawk Valley EMERGING LEADERS UNITED

Connect and volunteer with leaders ages 21-40 with a donation of $100 or more.

unitedwaymv.org/elu

UNITED WAY OF THE MOHAWK VALLEY Legacy Society

Create a thriving community well into the future with a legacy gift to United Way MV.

unitedwaymv.org/legacy

United Way of the Mohawk Valley LEADERSHIP SOCIETY

Access a deeper connection to your donation's impact as a leadership donor with a gift of $1,000 or more.

unitedwaymv.org/leadership

United Way of the Mohawk Valley SMALL BUSINESS

Be a part of this powerful group of small businesses with a big passion for helping our community.

unitedwaymv.org/smallbusiness

OPTIONAL

United Way MV's Impact Fund is the best way to maximize the impact of your gift and strengthen our entire community. **Complete this section ONLY if you wish to restrict your gift from United Way MV's Impact Fund.**

☐ **KEEP MY DONATION IN UNITED WAY MV'S IMPACT FUND**

OR

☐ **SELECT A FOCUS AREA:**

☐ Education ☐ Health ☐ Financial Stability

OR

☐ **SELECT AN AGENCY:**

- To restrict a donation, gifts must be a minimum of $100 per agency with a maximum of three designations
- Eligible recipients include 501(c)(3) organizations
- Ineligible designations will be redirected to the United Way of Mohawk Valley's Impact Fund

Amount _____

Agency Name _____

Agency Address _____

United Way of the Mohawk Valley United Way

258 Genesee Street | Utica, NY, 13502

315-733-4691 | **unitedwaymv.org**

*ELIGIBLE ORGANIZATIONS include: Other United Ways and 501c3 organizations which comply with the Federal Patriot Act. FINANCIAL ACCOUNTABILITY: A 10% fee is taken for designated gifts to agencies not affiliated with United Way of the Mohawk Valley. For complete list of affiliated partners visit www.unitedwaymv.org. Donors are welcome to request detailed financial information about United Way. For copies of this information, contact us: United Way of the Mohawk Valley, 258 Genesee Street, Utica, NY 13502, 315-733-4691, www.unitedwaymv.org; or New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271, 212-416-8401, www.charitiesnys.com.