Consider in 2015 Campaign

Four Ways to Give *(Please choose one.)*

1. **ONLINE** at www.unitedwaydo.org
2. **SINGLE PAYMENT** with Pledge/Donation Form
3. **DIRECT BILLING** with Pledge/Donation Form
4. **PAYROLL DEDUCTION** with Authorization Form

United Way of Delaware and Otsego Counties
PO Box 631, 31 Maple St., Oneonta, NY 13820
(607) 432-8006 • uwayjp@stny.rr.com

REMEMBER, CONTRIBUTIONS CAN BE MADE ONLINE! WWW.UNITEDWAYDO.ORG

Contributor's Information

Contributor Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Pledge/Donation Amount: $_____

❑ Yes, I would like to receive an acknowledgment for my gift.

THANK YOU FOR YOUR DONATION!

No goods or services were received as a whole or in partial consideration of this gift. If an incentive gift becomes available for the current campaign in lieu of a financial gift one may donate 12 hours of time to be eligible for the drawing.

Donor Designation *(A minimum of $50 per designation and a 12% administration fee are required to minimize overhead.)*

Agency Name: _____ Amount: _____

2. Single Payment *(Return this portion to the United Way Office.)*

Amount Enclosed: $_____ *(Payable to United Way of Delaware & Otsego Counties, Inc.)*

Credit Card: ❑ Visa ❑ MasterCard Expiration Date: _____ Month to be Billed: _____

Credit Card # | | | | | | | | | | | | | | | | 3- or 4-Digit Security Code | | | | |

3. Direct Billing *(Return this portion to the United Way Office.)*

Total Gift Amount: $_____

Choose a billing option:

❑ Single payment to be billed in the month of _____

❑ Four quarterly payments

_____ _____

Signature *Date*

4. Payroll Deduction

(Return this portion to the United Way Office.)

Name: _____

I authorize my employer to deduct $_____

per pay period. My pay period is

❑ Weekly ❑ Bi-weekly ❑ Monthly.

OR I authorize $ _____

to be deducted for _____ pay periods.

Payroll Deduction Authorization *(Return this portion to Payroll.)*

Name: _____

I authorize my employer to deduct from my paycheck and forward it to the United Way of Delaware and Otsego Counties.

Deduction Amount: $_____

Number of Pay Periods: _____

Total Gift: $_____

_____

Signature *Date*

Attorney General Statement required