



# 2024-2025 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



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

[unitedwaymv.org/legacy](http://unitedwaymv.org/legacy)



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

[unitedwaymv.org/leadership](http://unitedwaymv.org/leadership)



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

[unitedwaymv.org/smallbusiness](http://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



258 Genesee Street | Utica, NY, 13502  
315-733-4691 | [unitedwaymv.org](http://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](http://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](http://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](http://www.charitiesnys.com).