



United Way Pledge Form

Company Name _____

Address _____

City, State, Zip _____

Please help us confirm your gift and report results to you periodically by filling out all the following fields.

Employee ID #	First Name	M.I.	Last Name
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Home Street Address	City	State	Zip
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(No need to fill out home address if you donated last year and your address hasn't changed)

Email Address	Preferred Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Work
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My annual investment will be paid as follows:

I. I want to contribute the following amount and authorize my employer to deduct the following amount each pay period in 2015:

\$100 \$50 \$25 \$10 \$5 \$2 Other \$ _____

Please confirm total Annual Gift (amount multiplied by 26 weekly payroll deductions)

Total Annual Gift \$ _____

II. This is a one-time gift in the amount of: \$ _____
(Please include gift in the form of cash or check and place in an envelope and drop at one of the United Way drop off locations)

I would like to designate my donation to the following organization(OPTIONAL)

Name of Organization and tax ID number: HISPANIC HERITAGE COUNCIL OF WNY INC. #5731

Please sign and date here:

Signature _____ Date _____

- I wish to receive periodic email reports on United Way's impact.
- Please list my name in printed materials as follows: _____
- I wish to remain anonymous in printed materials.

We invite you to learn more, visit www.unitedway.org.
Thank you for your generous contribution!

