🗹 YES, I WANT TO PLEDGE

MR/MRS/MS/DR FIRST NAME	Image: Minimum distance Image: Minimum
HOME ADDRESS	CITY STATE ZIP
PHONE PERSONAL EMAIL ADDRESS*	
Check here if you do not wish to receive periodic e-updates on how your contribution is making a di * United Way might share your personal information with other United Ways and/or a charity to which you designa United Way of New York City sell, trade, or rent your personal information to third parties.	
COMPANY NAME TITLE	EMPLOYEE ID
PLEASE SELECT A RECURRING PAYROLL DEDUCTION OR A ONE	TIME GIFT
 I want to contribute by the following amount per pay period: \$10 \$25 \$50 \$100 \$250 other: Number of pay periods (Select one) 24 26 	Gifts totaling \$1,000 or more qualify you as a Leadership Giver. In honor of your gift, United Way of New York City would like to recognize you for your contribution.
□ I want my donation to be a One-Time payroll Deduction	,,,
□ \$250 □ \$100 □ \$75 □ \$50 □ \$25 □ other:	How would you like your name displayed?
PLEASE CHOOSE HOW YOU WOULD LIKE TO INVEST IN YOUR CO	MMIINITY (must total 100%)

% FOOD & BENEFITS ACCESS

Addressing food/shelter crises & improving equitable food access

% JUSTICE & OPPORTUNITY

Addressing community safety through mental health and opportunity.

% EDUCATIONAL EQUITY

Helping children and youth achieve their potential.

% HEALTH EQUITY

Improving people's health to live productive lives

WOULD YOU LIKE TO JOIN A LEADERSHIP NETWORK?

- JUNIOR BOARD (annual gift of \$1,000 or more) A diverse group of young philanthropic professionals seeking to transform New York City communities. **WOMEN UNITED** (annual gift of \$1,000 or more)
- A network of women dedicated to making a positive impact in New York City.

TOCQUEVILLE SOCIETY (annual gift of \$10,000 or more) A national network of philanthropic leaders engaged to create long-lasting, positive change through outstanding community service and financial support.

PLEASE SIGN TO AUTHORIZE YOUR PLEDGE