



2340 Alamo Ave. SE, 2nd Floor
 Albuquerque, NM 87106
www.uwcnm.org
 Phone (505) 247-3671

Provide us with your information

Your information will never be sold or shared with outside parties.

Name _____
(Mr., Mrs., Ms., Miss, Dr.)
 Employer _____ **Emp. ID** _____ Personal Phone # _____
 Home Address _____ Work Phone # _____
 City/State/ZIP _____ E-mail _____
 Spouse/Partner's Name & Company _____ Work E-mail _____
 Please recognize me/us as follows _____ First year you gave
 I / We wish to remain anonymous _____ to any United Way: _____
(Your name and pledge will not be shared with outside parties.) (year)

Tell us how you'd like to donate

Payroll Deduction

For each paycheck I receive, please deduct: \$100 \$42 \$21 \$10 \$5 \$ _____
 The number of paychecks I receive per year is: 12 (once a month) 24 (twice a month) 26 (every 2 weeks) 52 (every week)

Payment Attached

Cash Check* Check number _____ Make check payable to UWCNM

*When you provide a check as payment, you authorize UWCNM either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
DO NOT STAPLE money or checks to this form. Please paperclip.

Debit My Bank Account

(A voided check is preferred) Routing # _____ Account # _____

One time (February 2021) Monthly (January – December 2021) Continuous Monthly (Until I notify UWCNM to discontinue)

Credit Card

You can give via credit card through our website at www.uwcnm.org/eway or call Finance at 505-247-3671.

Pledge Totals

DONATION x # OF
PAYCHECKS

\$

\$

\$

\$

\$

TOTAL

Tell us where you'd like your gift to go (Total in this section, including "other nonprofit" amount below, must equal total above.)

\$ _____ to support the work of United Way, including the Community Impact Fund

\$ _____ COVID-19 Recovery

\$

or, I prefer to direct my gift to one or more specific focus areas of UWCNM's work:

\$ _____ **Mission: Families**
 Help reduce stress and trauma in the lives of children by providing their families the support they need

\$ _____ **Mission: Graduate**
 Increase graduates and overall attendance, engagement, career exploration and more

\$ _____ **Guys Give**
 Check the box to join Guys Give (if your household annual pledge is \$1,000 or above)

\$ _____ **Hispano Philanthropic Society**
 Check the box to join the Hispano Philanthropic Society (if your household annual pledge is \$1,000 or above)

\$ _____ **Women United**
 Check the box to join Women United (if your household annual pledge is \$1,000 or above)

\$ _____ **Young Leaders Society**
 Check the box to join the Young Leaders Society (if your household annual pledge is \$500 or above)

\$ _____ **Basic Needs**
 Your gift will provide a safety net for the most vulnerable, focusing on food insecurity and homelessness

\$ _____ **Diversity Equity and Inclusion (DEI) United Fund**
 to conduct community training and education

\$

Give to any nonprofit organization of your choice: I choose to designate part of my gift to the nonprofit listed below.
(additional designations may be attached via **paperclip**)

In order to pass along your gift(s), 10% will be allocated to UWCNM. Contributions will revert to United Way of Central New Mexico if the designated agency is not a 501(c)3 or cannot be located. \$24 is the minimum amount for designation to another agency.

Name of organization, city, state: _____

\$

United Way of Central New Mexico is a 501(c)3 organization and your donation may be tax deductible. Please consult your tax advisor.
 United Way does not provide goods or services in whole or in partial consideration for any contribution.

\$

SIGN HERE

Your signature is required to process your pledge and to authorize payroll deduction.

Date _____

Thank You!