

**United Way
of Central New Mexico**

2340 Alamo Ave. SE, 2nd Floor
Albuquerque, NM 87106

United Way
of Central New Mexico



www.uwcnm.org

Phone (505) 247-3671 Fax (505) 242-3576

1. MY INFORMATION:
Your information will never be shared with outside parties.

(Mark Preferred Phone & E-mail for Contact)

Name _____ Home Phone # _____
(Mr., Mrs., Ms., Dr.)

Employer _____ Work Phone # _____

Employee ID _____ Cell Phone # _____

Home Address _____ Apt # _____ Home E-mail _____

City/State/Zip _____ Work E-mail _____

I/We wish to remain anonymous My gift of \$1,000 or more qualifies me as a Leadership Giver. In recognition of this gift, please recognize me/us as follows:
Spouse's Company: _____

Please contact me about:

Young Leaders Society
Young Leaders Society provides engagement opportunities for donors 42 or younger giving a minimum combined gift of \$500

Hispano Philanthropic Society
Donors giving \$1000, or more or a member of Young Leaders Society. HPS members encourage and recognize leadership and philanthropy to help build strong, healthy communities.

Vision Society
Inspiring the next generation of philanthropists through community programs, events, service projects, and family engagement. For donors pledging \$5,000 and above.

Leave a Legacy
I wish to leave a lasting legacy through a Bequest, IRA, Life Insurance, Endowment or Remainder Interest in my home. For more information, please call (505) 247-3671.

2. CHOOSE HOW TO GIVE:

I Choose Easy Payroll Deduction
For each paycheck I receive, please deduct: \$ _____ \$104 \$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* Make check payable to UWCNM. Check number _____ \$
*When you provide a check as payment, you authorize us 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.

Debit My Bank Account Checking Savings (A Voided Check is **REQUIRED** to process this transaction) \$
Routing # _____ Account # _____ Bank Name: _____
 One time (February 2013) Monthly (January – December 2013) Continuous (Until I notify UWCNM to discontinue)

Bill Me One Time for full pledge (Feb. 2013) **Bill Me Quarterly** for one quarter of pledge (Feb., May, Aug., Nov. 2013) \$

Charge My Credit Card Card # _____ Exp. Date _____ / _____ \$
 One time (December 2012) One time (February 2013) Monthly (January through December 2013)
 Charge \$ _____ per quarter beginning February 2013 Continuous (Until I notify UWCNM to discontinue)

Donate Stock or Securities Please notify United Way's Finance Department at (505) 247-3671 when transferring stock. \$

My Total Annual Pledge is: \$

3. CHOOSE WHERE TO GIVE:
Pledge may be distributed to as many of the following areas as you would like.

I WANT TO GIVE \$ _____ TO THE COMMUNITY FUND.
(Total \$ Amount to Community Fund)

United Way of Central New Mexico's Community Fund helps those most vulnerable through program grants to qualifying human service agencies in Bernalillo, Sandoval, Torrance and Valencia counties. In 2012-13, these grants will support 125 programs, totaling \$4,100,000. These programs touch the lives of nearly 200,000 of our neighbors.

THROUGH UWCNM'S COMMUNITY FUND, I WANT TO TARGET A PARTICULAR NEED:

| | | |
|--|--|--|
| <p>EDUCATION Preparing children to enter and graduate school</p> <ul style="list-style-type: none"> • Strengthening families • Building independence • Supporting education <p>AMOUNT \$ _____</p> | <p>INCOME Promoting self-sufficiency and workforce development</p> <ul style="list-style-type: none"> • Serving our seniors • Sheltering neighbors • Assisting people with disabilities <p>AMOUNT \$ _____</p> | <p>HEALTH Improving people's health and wellness</p> <ul style="list-style-type: none"> • Preventing family violence • Eliminating hunger • Promoting healthy lives <p>AMOUNT \$ _____</p> |
|--|--|--|

I WOULD LIKE TO DESIGNATE SOME OF MY TOTAL PLEDGE TO ONE, OR MORE, OF THE FOLLOWING AFFINITY GROUP INITIATIVES:

Women in Philanthropy
Increasing Women's Self-Sufficiency Fund
Supports local programs for women that help to alleviate root causes of poverty.
AMOUNT \$ _____

Young Leaders Society Fund
Assisting, inspiring and empowering youth (13 – 18 years old) to transition into adulthood and to develop into our future leaders.
AMOUNT \$ _____

Hispano Philanthropic Society
Middle School Education Initiative
Focused on empowering middle school youth (5th – 9th grade) to reach their highest human potential through education, mentorship and community engagement opportunities.
AMOUNT \$ _____

Other investment I choose to designate some or all of my donation (additional designations may be attached.) UWCNM has no oversight over designated agencies.

I want a total of \$ _____ to go to the following nonprofit 501(c)3 organization: Los Ojos de la Familia

Address: 7916 Ranchitos Ln NE, Albuquerque, NM 87113 Phone # 505-362-6073

SIGN HERE: _____ Date _____ The first year I gave to any United Way was: _____
 Please contact me so that I may share my story. (year)

Your signature is required to process your pledge and to authorize payroll deduction or credit card/debit charges.
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.

White Copy: Company Payroll Yellow Copy: United Way Pink Copy: Giver

Thank You!