

Give. Advocate. Volunteer.

LIVE UNITED



100% of donors' gifts* go to the Community Care Fund, Special Initiatives, 501(c)(3) Organizations, or another United Way.

Mr. Ms. Mrs. Other: _____ Employee Number: _____
 Name: _____ Last Year's Gift: _____

Preferred Phone #: _____ Work Personal

Preferred Email: _____ Work Personal

Home Address _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____ Retiree I will retire within 12 months

Please contact me about planned giving

Please combine my gift with my spouse/partner's contribution.

Their Name: _____

Their Address: _____

Their Employer: _____

My gift totals \$700 or more and I would like to be included in the LIVERMORE SOCIETY.

Acknowledgment

How would you prefer for UWTC to acknowledge your gift?

Name(s) to appear in publications: _____

I prefer to remain anonymous:

- In UWTC publications
- To agencies I have designated to

Community Care Fund The most powerful way to invest your contribution \$ _____

The Community Care Fund supports **EDUCATION**, **FINANCIAL STABILITY** and **HEALTH** in Tompkins County. 100% of your CCF donation goes to qualifying organizations through a competitive reviewing program which prioritizes operating performance, fiscal responsibility, and community impact. Your gift provides programs and services that enable

- Children, youth and adults to succeed in school, work and life.
- Individuals and families to achieve financial stability and self-sufficiency.
- Children, seniors and adults to enjoy physical, emotional and mental well-being.

Or, feel free to divide your contribution among the following:



+T.M. Shipherd Flexible Fund
\$ _____



Urgent Rx Prescription Program
\$ _____



Hunger & Food Security
\$ _____



Student Engagement Programs
\$ _____

+ These funds are granted to nonprofits applying for emergent needs funding outside of the bi-annual CCF grant process

Additional designations (Please see back of card to indicate where you want these donations to go) \$ _____

Payroll Deduction

\$ _____
amount per pay period

X

of pay periods

Perpetually withdraw until I notify payroll otherwise via a new pledge card

Payment Enclosed

Cash Check

Check # _____
Please make checks payable to:
United Way of Tompkins County

Bill Me

one time quarterly

Charge Me

one time
 monthly
 quarterly

Credit/Debit ACH

(Cards & ACH)
Account # _____
(ACH only)
Routing # _____
(Cards only)
Exp. Date: _____

Pledge Amount:

\$ _____

Signature _____

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Community Care Fund 2019-20 Recipients

Agencies

The Advocacy Center of Tompkins County
 Alcohol and Drug Council of Tompkins County
 American Red Cross, Tompkins County Chapter
 Brooktondale Community Center
 Cancer Resource Center of the Finger Lakes
 Catholic Charities of Tompkins/Tioga
 Challenge Workforce Solutions
 Child Development Council
 Community Dispute Resolution Center
 Cooperative Extension Association of Tompkins County
 The Discovery Trail
 Danby Community Council
 Downtown Ithaca Children's Center
 Dryden Community Council
 Dryden United Methodist Church Community Dinners
 Enfield Community Council

Family and Children's Service of Ithaca
 Family Reading Partnership
 Finger Lakes Independence Center
 Food Bank of the Southern Tier
 Foodnet Meals on Wheels
 Freeville Community Council
 Gadabout Transportation Services
 Greater Ithaca Activities Center
 GreenStar Community Projects
 Groton Community Council
 Human Services Coalition of Tompkins County
 Ithaca Community Childcare Center
 Ithaca Health Alliance
 Ithaca Welcomes Refugees
 Lansing Community Council
 The Learning Web

Legal Assistance of Western New York
 Lifelong
 Loaves and Fishes of Tompkins County
 McLean Community Council
 The Mental Health Association in Tompkins County
 Newfield Community Council
 Opportunities, Alternatives and Resources
 of Tompkins County
 Racker
 St. John's Community Services
 Suicide Prevention and Crisis Service
 Tompkins Learning Partners, Inc.
 Ulysses Community Council
 Varna Community Association
 Women's Opportunity Center
 Y.M.C.A. of Ithaca and Tompkins County

ADDITIONAL FUNDING DESIGNATIONS:

Other United Way (please list by county & state): _____

\$ _____

Specific Agency (please list by agency name & location)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TOTAL ADDITIONAL DESIGNATIONS: PLEASE ENTER AS INDICATED ON FRONT OF CARD:

\$ _____

Optional Survey

United Way of Tompkins County strives to make our community a better place by serving and supporting the most important needs of our people. The following will help us better understand how we can take your thoughts and input into account:

What community needs do you feel UWTC and its funded partners should be prioritizing?

Why did you decide to give through United Way?

What work, if any, would you like to see UWTC and its funded partners engaged in that we currently are not? Or what work can we be doing better?

Are you interested in more information on serving as a UWTC volunteer?

No, thank you

Yes, please reach me by email / phone / mail

May we contact you to collect demographic information to better understand our donor base?

No, thank you

Yes, please reach me by email / phone / mail

Thank you for your support!

A copy of this form along with your canceled check or payroll stub will satisfy the Internal Revenue Service Regulations regarding charitable giving. United Way of Tompkins County does not provide goods or services as whole or partial consideration for this contribution.

You may receive our last financial report at: www.uwtc.org/annual-report-financials. You may receive additional information on charitable organizations at: NY Office of the Attorney General, www.charitiesnys.com or (212) 416-8401.

Corporate Cornerstone*

Corporate Cornerstone Partners' gifts and UWTC's earned income cover administrative and operating costs. This enables **100% of donors' gifts** to the Community Care Fund, Special Initiatives, Partner Organizations, or another United Way to directly benefit those programs and services. You can find more information about these special community partners at www.uwtc.org/ccp.

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