



Serving Bernalillo, Sandoval, Santa Fe, Torrance, and Valencia Counties

Provide us with your information

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

Name (Mr., Mrs., Ms., Mx., Dr.) _____ Personal Phone # _____
 Company _____ Emp. ID _____ Work Phone # _____
 Home Address _____ E-mail _____
 City/State/ZIP _____ Work E-mail _____
 Spouse/Partner's Name & Company _____
 Please recognize me/us as follows: _____
 I / We wish to remain anonymous
(Your name and pledge details will not be shared with designated agencies)

Tell us how you'd like to donate

Pledge Totals

1. 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)
 Continuous (Until I notify UWNCNM to discontinue) Monthly (January-December 2025) One time (February 2025)

DONATION x # OF
PAYCHECKS
\$

2. Debit My Bank Account *(A voided check is preferred)*

Routing # _____ Account # _____
 Continuous Monthly (Until I notify UWNCNM to discontinue) Monthly (January – December 2025) One time (February 2025)

\$

3. Payment Attached

Cash Check* Check number _____ *Make check payable to UWNCNM*
*When you provide a check as payment, you authorize UWNCNM 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.

\$

4. Credit Card

You can donate via credit card through our website at www.uwncnm.org or call our finance department at 505-247-3671.

TOTAL:

\$

\$

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

\$ _____ to support the work of United Way of North Central New Mexico (areas of greatest need)

Or, I prefer to direct my donation to one or more specific focus areas of UWNCNM's work:

SUPPORT / JOIN A DONOR GROUP

- \$ _____ **Rising Together**
Support family stability with resources and increase student engagement leading to improved attendance/graduation rate
- \$ _____ **Community Investment Fund**
Including Impact, Basic Needs and Capacity Building Grants
- \$ _____ **Direct Services**
including 211, Family Advocacy Center, Tax Help NM, and Ride United
- \$ _____ **Diversity, Equity and Inclusion United**
Supporting equitable grantmaking practices through education and community engagement

- \$ _____ **Guys Give**
Focusing on Interpersonal Violence Prevention
- \$ _____ **Women United**
Focusing on Women's Self-Sufficiency
- \$ _____ **Hispano Philanthropic Society**
Building Leadership from Cradle to Career
- \$ _____ **Young Leaders Society**
Focusing on College and Career Readiness
- \$ _____ **Retire United**
Focusing on helping families in the community

\$

Donate 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 the work of UWNCNM. Contributions will revert to UWNCNM 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 North 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: _____

TOTAL:

\$

Thank You!