



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

UWCNM fights for every person in our community... join us by giving today!

**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 \_\_\_\_\_ Birthday! \_\_\_\_\_  
 I / We wish to remain anonymous (Let us celebrate you. MM/DD/YYYY)  
(Your name and pledge details will not be shared with designated agencies)

**Tell us how you'd like to donate**

**Pledge Totals**

<b>Payroll Deduction</b> For each paycheck I receive, please deduct: <input type="checkbox"/> \$100 <input type="checkbox"/> \$42 <input type="checkbox"/> \$21 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$ _____ The number of paychecks I receive per year is: <input type="checkbox"/> 12 (once a month) <input type="checkbox"/> 24 (twice a month) <input type="checkbox"/> 26 (every 2 weeks) <input type="checkbox"/> 52 (every week)	DONATION x # OF PAYCHECKS \$
<b>Payment Attached</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check* Check number _____ <i>Make check payable to UWCNM</i> <small>*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.</small>	\$
<b>Debit My Bank Account</b> <i>(A voided check is preferred)</i> Routing # _____ Account # _____ <input type="checkbox"/> One time (February 2022) <input type="checkbox"/> Monthly (January – December 2022) <input type="checkbox"/> Continuous Monthly (Until I notify UWCNM to discontinue)	\$
<b>Credit Card</b> You can give via credit card through our website at <a href="http://www.uwcnm.org">www.uwcnm.org</a> or call Finance at 505-247-3671.	\$
	<b>\$ TOTAL</b>

**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 Investment Fund	\$
\$ _____ COVID-19 Recovery Fund	\$
or, I prefer to direct my gift to one or more specific focus areas of UWCNM's work:	
\$ _____ <b>Mission: Families</b> Help reduce stress and trauma in the lives of children by providing their families the support they need	\$ _____ <b>Mission: Graduate</b> Increase graduates and overall attendance, engagement, career exploration and more
\$ _____ <b>Basic Needs</b> Provide a safety net for the most vulnerable, focusing on food insecurity and homelessness	\$ _____ <b>Diversity Equity and Inclusion United</b> Community Development, Investment and Training Related to DEI
\$ _____ <b>Guys Give</b> <input type="checkbox"/> Check the box to <b>join</b> Guys Give. Interpersonal Violence Prevention, an initiative within Mission: Families	\$ _____ <b>Hispano Philanthropic Society</b> <input type="checkbox"/> Check the box to <b>join</b> the Hispano Philanthropic Society. Building Leadership from Cradle to Career Initiative
\$ _____ <b>Women United</b> <input type="checkbox"/> Check the box to <b>join</b> Women United. Women's Self-Sufficiency, an initiative within Mission: Families	\$ _____ <b>Young Leaders Society</b> <input type="checkbox"/> Check the box to <b>join</b> the Young Leaders Society. High School Education Initiative, an effort within Mission: Graduate
<input type="checkbox"/> <b>Give to any nonprofit organization of your choice:</b> I choose to designate part of my gift to the nonprofit listed below. <small>(additional designations may be attached via <b>paperclip</b>)</small>	\$
In order to pass along your gift(s), 10% will be allocated to the work of UWCNM. Contributions will revert to UWCNM if the designated agency is not a 501(c)3 or cannot be located. <b>\$24 is the minimum amount for designation to another agency.</b>	
Name of organization, city, state: _____ _____ _____	\$
<small>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.</small>	<b>\$</b>

**SIGN HERE**

\_\_\_\_\_ Date \_\_\_\_\_  
*Your signature is required to process your pledge and to authorize payroll deduction.*

*Thank You!*