### PLEASE SELECT A RECURRING PAYROLL DEDUCTION OR A ONE-TIME GIFT

- **I want to contribute by the following amount per pay period:**
  - $10
  - $25
  - $50
  - $100
  - $250
  - other: __________

- **Number of pay periods (Select one)**: 24, 26

- **I want my donation to be a One-Time payroll Deduction**
  - $250
  - $100
  - $75
  - $50
  - $25
  - other: __________

Gifts totaling $1,000 or more qualify you as a Leadership Giver. In honor of your gift, United Way of New York City would like to recognize you for your contribution.

How would you like your name displayed? __________

### PLEASE CHOOSE HOW YOU WOULD LIKE TO INVEST IN YOUR COMMUNITY (must total 100%)

- **% FIGHT FOR THE SELF-SUFFICIENCY OF EVERY LOW-INCOME NEW YORKER THROUGH THE NYC COLLECTIVE IMPACT FUND**
- **% EDUCATION**
  - Helping children and youth achieve their potential.
- **% INCOME**
  - Helping make families financially stable and independent.
- **% HEALTH**
  - Improving people’s health to live productive lives.

### WOULD YOU LIKE TO JOIN A LEADERSHIP NETWORK?

- **YOUNG LEADERS COUNCIL** (annual gift of $100 or more)
  - A diverse group of young philanthropic professionals seeking to transform New York City communities.

- **WOMEN UNITED** (annual gift of $1,000 or more)
  - A network of women dedicated to making a positive impact in New York City.

- **TOCQUEVILLE SOCIETY** (annual gift of $10,000 or more)
  - A national network of philanthropic leaders engaged to create long-lasting, positive change through outstanding community service and financial support.

### PLEASE SIGN TO AUTHORIZE YOUR PLEDGE

**SIGNATURE** __________  **DATE** __________