UNITED WE RISE

2025-26 COMMUNITY CAMPAIGN

UNITED WAY
Tompkins County

100% of donors' gifts go to programs and services; all processing fees and administrative costs are covered by UWTC and our UWTC Cornerstone Partners.

First Name _____ Last Name _____ Suffix _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Personal Phone: _____

☐ Retiree ☐ I will retire in the next 12 months

Company Name _____

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

Name: _____

Employer: _____

Acknowledgement:

How would you prefer for UWTC to acknowledge your gift?

☐ Same as above ☐ Anonymous

☐ As listed here: _____

Pledge Amount:

$ _____

☐ **Payroll Deduction**

Number of Pay Periods:

◯ 24 ◯ 26 ◯ 52 ◯ Other_____

Amount per Pay Period:

$_____

☐ **Bill Me**

Payment Schedule:

For CC/ Debit/ ACH/ Bill Me

☐ **One Time**

☐ **Quarterly**

Starting Month:_____

☐ **Monthly**

Starting Month:_____

# of months_____

All quarterly and monthly payments are run on or after the 15th.

☐ **Payment Enclosed**

please make checks payable to:
United Way of Tompkins County

Desired Payment Method

☐ Credit/Debit ☐ ACH

Routing #: _____ (ACH Only)

Account #: _____ (Cards & ACH)

CVV: _____ Exp. Date: _____

Zip Code: _____

My pledge will be fulfilled by payment directed by me from

◯ Donor Advised Fund with _____

◯ Individual Retirement Acct with _____

☐ **Please contact me about a stock gift.**

Signature:

☐ **Please make this a perpetual pledge unless I notify UWTC otherwise via a new pledge or other communication.**

Thank you for supporting our community by giving through UWTC! Unless you wish to designate, you are all set! We will invest your gift in our four impact areas where it is needed most.

01 HEALTHY COMMUNITY
Improving health and well-being for all

02 YOUTH OPPORTUNITY
Helping young people realize their full potential

03 FINANCIAL SECURITY
Creating a stronger financial future for every generation

04 COMMUNITY RESILIENCY
Addressing urgent needs today for a better tomorrow

313 N Aurora Street | Ithaca, NY 14850 | P: 607.272.6286 | www.uwtc.org

GET INVOLVED. GIVE BACK. TAKE ACTION.

Designate Your Gift to UWTC's United Tompkins Impact Fund

100% of your gift goes to impact partners who run programs to meet our objectives in these areas:

01 HEALTHY COMMUNITY
Improving health and well-being for all

02 YOUTH OPPORTUNITY
Helping young people realize their full potential

03 FINANCIAL SECURITY
Creating a stronger financial future for every generation

04 COMMUNITY RESILIENCY
Addressing urgent needs today for a better tomorrow

☐ I wish to designate $_____ to the United Tompkins Impact Fund.

Designate Your Gift to A Specific Area of Impact

Please note the United Tompkins Impact Fund supports all of these areas except for the Cornerstone Program; however, if you wish you can instead focus your gift to one of these areas as you indicate below:



☐ $_____
Nutrition and Food Security



☐ $_____
Childhood and Youth Success



☐ $_____
Whole Health and Well Being



☐ $_____
Mental Health Support



☐ $_____
Supporting Safe and Affordable Housing



☐ $_____
Workforce Development



☐ $_____
Support for People Living Below a Sustainable Income



☐ $_____
UWTC Cornerstone gift making our impact work possible

Designate Your Gift to A Specific Organization(s)

Please note your designated agency must be a 501c3 or other charitable organization and be in compliance with the Patriot Act. Otherwise, your gift will be changed to "undesignated" and used where it is needed most in Tompkins County.

Other United Way: ☐ I wish to designate $ _____ to United Way in _____
(List County and State)

Other Organizations:
☐ I wish to designate $ _____ to _____
☐ I wish to designate $ _____ to _____
☐ I wish to designate $ _____ to _____

My total designations (UTIF + Impact Areas + Specific Agencies) = $
Any additional pledge after the above will go to "undesignated" and be used where needed most

Please contact us at campaign@uwtc.org or 607-500-GIVE with any questions.