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Questions?

Contact Roberta Rivera at SNL (505) 284-5211
 rriver@sandia.gov or
 Randy Woodcock at United Way (505) 245-1732
 randy.woodcock@uwcnm.org

UCI (when completed)
Sandia National Laboratories
Retiree Sandia Gives/United Way



Information, Section A
 Your information will never be sold to outside parties.

Name _____ Personal Phone # _____
 (Mr., Mrs., Ms., Miss., Dr.)
 Employer _____ Emp. ID _____ Personal E-mail _____
 Home Address _____ Work E-mail _____
 City/State/ZIP _____
 Spouse/Partner's Company: _____
 Please recognize me/us as follows: _____ The first year I gave to any United Way was: _____ (year)
 I/We wish to remain anonymous. (Your name and pledge will not be shared with your designated agencies.)

Payments, Section B **Pledge Totals**

<input type="checkbox"/> Pension Deduction I would like to make a continuous monthly pension deduction of \$ _____ for a total annual gift of \$ _____ Your pension deduction will be set up by the Retirement Coordinator in the SNL HBES Center. (retiring@@sandia.gov)	DONATION X # of PAYCHECKS \$ _____
<input type="checkbox"/> Payment Attached <input type="checkbox"/> Check* Make check payable to UWCNM. Check number _____ <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 checks to this form. Please paperclip.</small>	CHECK TOTAL \$ _____
<input type="checkbox"/> Debit My Bank Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings (A Voided Check is REQUIRED to process this transaction) Routing# _____ Account # _____ Bank Name: _____ <input type="checkbox"/> One time (February 2018) <input type="checkbox"/> Monthly (January - December 2018) <input type="checkbox"/> Continuous (Until I notify UWCNM to discontinue)	DEBIT AMOUNT \$ _____
<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>	\$ GRAND TOTAL

You can give via credit card through our website at www.uwcnm.org/eway or call Finance at 505-247-3671.

Use of My Gift, Section C (Total in this section, including OPTIONAL amount below, must equal Grand Total in section B.) **Total Pledge**

<input type="checkbox"/> \$ _____ Community Fund; to support the work of United Way of Central New Mexico <p style="text-align: center;">-OR- Target my gift to one or more specific focus areas of UWCNM's work:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <p>COMMUNITY FUND ISSUE AREAS</p> <input type="checkbox"/> \$ _____ to Health <input type="checkbox"/> \$ _____ to Education <input type="checkbox"/> \$ _____ to Basic Needs & Financial Stability </td> <td style="width: 33%; border: none; vertical-align: top;"> <p>AFFINITY GROUP INITIATIVES</p> <input type="checkbox"/> \$ _____ to Guys Give Initiative <input type="checkbox"/> \$ _____ to HPS Middle School Education Initiative <input type="checkbox"/> \$ _____ to WIP Women's Self-Sufficiency Initiative <input type="checkbox"/> \$ _____ to YLS High School Initiative </td> <td style="width: 33%; border: none; vertical-align: top;"> <p>UWCNM PROGRAMS</p> <input type="checkbox"/> \$ _____ to 2-1-1 Info Hotline <input type="checkbox"/> \$ _____ to Center for Non-profit Excellence <input type="checkbox"/> \$ _____ to Family Advocacy Center <input type="checkbox"/> \$ _____ to Mission: Graduate <input type="checkbox"/> \$ _____ to Tax Help New Mexico </td> </tr> </table>	<p>COMMUNITY FUND ISSUE AREAS</p> <input type="checkbox"/> \$ _____ to Health <input type="checkbox"/> \$ _____ to Education <input type="checkbox"/> \$ _____ to Basic Needs & Financial Stability	<p>AFFINITY GROUP INITIATIVES</p> <input type="checkbox"/> \$ _____ to Guys Give Initiative <input type="checkbox"/> \$ _____ to HPS Middle School Education Initiative <input type="checkbox"/> \$ _____ to WIP Women's Self-Sufficiency Initiative <input type="checkbox"/> \$ _____ to YLS High School Initiative	<p>UWCNM PROGRAMS</p> <input type="checkbox"/> \$ _____ to 2-1-1 Info Hotline <input type="checkbox"/> \$ _____ to Center for Non-profit Excellence <input type="checkbox"/> \$ _____ to Family Advocacy Center <input type="checkbox"/> \$ _____ to Mission: Graduate <input type="checkbox"/> \$ _____ to Tax Help New Mexico	TOTAL IN THIS SECTION, INCLUDING OPTIONAL TOTAL AMOUNT BELOW MUST EQUAL GRAND TOTAL IN SECTION B \$ _____
<p>COMMUNITY FUND ISSUE AREAS</p> <input type="checkbox"/> \$ _____ to Health <input type="checkbox"/> \$ _____ to Education <input type="checkbox"/> \$ _____ to Basic Needs & Financial Stability	<p>AFFINITY GROUP INITIATIVES</p> <input type="checkbox"/> \$ _____ to Guys Give Initiative <input type="checkbox"/> \$ _____ to HPS Middle School Education Initiative <input type="checkbox"/> \$ _____ to WIP Women's Self-Sufficiency Initiative <input type="checkbox"/> \$ _____ to YLS High School Initiative	<p>UWCNM PROGRAMS</p> <input type="checkbox"/> \$ _____ to 2-1-1 Info Hotline <input type="checkbox"/> \$ _____ to Center for Non-profit Excellence <input type="checkbox"/> \$ _____ to Family Advocacy Center <input type="checkbox"/> \$ _____ to Mission: Graduate <input type="checkbox"/> \$ _____ to Tax Help New Mexico		
<p>OPTIONAL: <input type="checkbox"/> I choose to designate a portion of my contribution to any nonprofit organization (additional designations may be attached via paperclip) In order for United Way to provide critical support to our community, at least 10% of your tax deductible gift must be allocated above to UWCNM. <small>Contributions will revert to United Way of Central New Mexico if the designated agency is not a 501(c)3 or cannot be located. In order to keep administrative costs low, \$30 is the minimum amount for designations per agency.</small></p> Name of organization, city, state: _____	OPTIONAL TOTAL \$ _____			

Membership, Section D Affinity Group membership does not entail a gift to the corresponding initiative. Donation options are available in Section C.

Young Leaders Society (YLS): donors 45 or younger giving \$500+ annually
 Guys Give (GG): donors giving \$1000+ annually
 Hispano Philanthropic Society (HPS): donors giving \$1000+ annually (or concurrent membership in YLS)
 Women In Philanthropy (WIP): women giving \$1000+ annually

SIGN HERE _____ Date _____

Your signature is required to process your pledge and to authorize payroll deduction.

Please contact me so that I may share my story.

Thank You!