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 Phone (505) 247-3671

Questions?

Contact Roberta Rivera at SNL 505-284-5211
 rriver@sandia.gov or
 Melissa Dracup at United Way 505-245-1754
 melissa.dracup@uwcnm.org

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



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

Name _____
(Mr., Mrs., Ms., Miss, Dr.)

Home Address _____ Personal Phone # _____

City/State/ZIP _____ Work Phone # _____

Spouse/Partner's Name & Company _____ E-mail _____

Please recognize me/us as follows _____ Work E-mail _____

_____ Birthday! _____
(Let us celebrate you. MM/DD/YYYY)

Tell us how you'd like to donate	Pledge Totals
Payment Attached <input type="checkbox"/> Cash <input type="checkbox"/> Check* <input type="checkbox"/> 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.</small> DO NOT STAPLE money or checks to this form. Please paperclip.	\$
Debit My Bank Account <i>(A voided check is preferred)</i> Routing # _____ Account # _____ <input type="checkbox"/> One time (January 2023) <input type="checkbox"/> Monthly (January – December 2023) <input type="checkbox"/> Continuous Monthly (Until I notify UWCNM to discontinue)	\$
Credit Card You can give via credit card through our website at www.uwcnm.org or call Finance at 505-247-3671.	\$
	\$ TOTAL

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:	
\$ _____ Mission: Families Help reduce stress and trauma in the lives of children by providing their families the support they need	\$
\$ _____ Mission: Graduate Increase graduates and overall attendance, engagement, career exploration and more	
\$ _____ Basic Needs Provide a safety net for the most vulnerable, focusing on food insecurity and homelessness	
\$ _____ Diversity Equity and Inclusion United Community Development, Investment and Training Related to DEI	
\$ _____ Guys Give <input type="checkbox"/> Check the box to join Guys Give. Interpersonal Violence Prevention, an initiative within Mission: Families	
\$ _____ Hispano Philanthropic Society <input type="checkbox"/> Check the box to join the Hispano Philanthropic Society. Building Leadership from Cradle to Career Initiative	
\$ _____ Women United <input type="checkbox"/> Check the box to join Women United. Women's Self-Sufficiency, an initiative within Mission: Families	\$
\$ _____ Young Leaders Society <input type="checkbox"/> Check the box to join the Young Leaders Society. High School Education Initiative, an effort within Mission: Graduate	
<input type="checkbox"/> Give 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 UWCNM. Contributions will revert to UWCNM 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: _____ _____ _____	
\$ _____ \$ _____	
<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>	

SIGN HERE

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

Thank You!