

1

Please Print. Thank you!

Mr. Ms. Mrs. Dr. _____ Company: _____

Home Address: _____

City/State/Zip Code: _____ Daytime Phone: _____

Email: _____

2

GET-AWAY WITH UNITED WAY!

- Enter to win a **LUXURY 1-WEEK BAHAMIAN CRUISE FOR TWO ON CARNIVAL PRIDE** with a **NEW** donation of \$52 or an **INCREASED** donation of \$1/week (**\$52/year**) to the United Way.

- Enter to win the **Carnival Cruise** or **AN OVERNIGHT STAY FOR TWO AT THE DIAMOND MILLS HOTEL OR MOHONK MOUNTAIN HOUSE** with a **NEW** or **INCREASED** donation of \$2/week (**\$104/year**) to the United Way.

- Enter to win the **Carnival Cruise**, the **overnight stay at Diamond Mills Hotel or Mohonk Mountain House**, or **7 DAYS IN A NAPLES, FLORIDA CONDO**, with a **NEW** or **INCREASED** donation of \$3/week (**\$156/year**) to the United Way.

- DOUBLE YOUR CHANCES TO WIN:** Receive 2 entries in each category with a **NEW** or **INCREASED** donation of \$5/week (**\$260/year**) or more to the United Way.

- I choose not to participate in the drawing. My contribution amount is indicated below.

3

MY TOTAL ANNUAL PLEDGE IS: \$ _____

Signature (**Required**): _____ Date: _____

CONTRIBUTION METHOD: A. Payroll Deduction B. Cash C. Check D. Visa or Mastercard

credit card # _____

exp. date _____ security code _____

FOR PAYROLL DEPARTMENT ONLY:

_____ ÷ _____ = _____
Annual Pledge number of pay periods pledge per pay period

Optional comments or designation:*

* Agency must be a not-for-profit whose primary mission is **health and human services** and an IRS approved tax deductible 501(C) (3).

CONTEST RULES ON REVERSE. A copy of the last financial report filed with the Department of Law may be obtained by writing to:
NYS Department of Law, Charities Bureau, 3rd floor, 120 Broadway, New York, NY 10271

ORIGINAL (White) for Employer

MIDDLE (Yellow) for United Way

BOTTOM (Pink) for Employee