

Step 1: My Personal Information (PLEASE PRINT)



FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ MOBILE PHONE _____

ORGANIZATION NAME _____ PROFESSIONAL TITLE _____

United Way of the Dutchess-Orange Region

845-471-1900

75 Market Street
Poughkeepsie, NY 12601

www.UWDOR.org

Step 2: My United Way Investment OR Pledge Online at www.uwdor.org/orangebanktrust

Easy Payroll Deduction

I would like to support the community with the following amount per pay period:

- \$2 \$3 \$5 \$10 \$15 \$25
- \$50 \$100 \$500 \$1000 \$_____ (Other)

My pay period is:

- Every 2 weeks (26 per year)
- Other _____

I am increasing my gift by \$1 per pay period

I am increasing my gift by \$3 per pay period

Select Alternate Payment Method

Credit Card



(Minimum credit card charge is \$10)

Bill me: Once \$ _____ Monthly \$ _____

Name on Card _____

Acct. Number _____

Exp. Date _____ Security Code _____

Cash or Check Attached

Amount \$ _____

Check # _____

Stock or Securities (For info, please call 845-471-1900 x3121)

Amount # _____

OR

My total investment: \$ _____

Step 3: My Recognition and Donation Information

Please check all that apply:

My gift qualifies for:

- Alexis de Tocqueville (AdT) Society (\$10,000 +)
- Leadership Society (\$1,000-\$9,999)
- 500 Club (\$500-\$999)
- My gift, combined with my partner's gift, qualifies for membership in the Leadership Society or AdT Society.

My Spouse / Partner's Name _____

My Spouse / Partner's Employer (if applicable) _____

I/we wish to be listed in publications as: _____

I/we wish to remain anonymous

Loyal United Way Donor

- I'm a first time donor!
- 2 - 9 years
- 10 - 19 years
- 20 + years

I want my gift to help prevent

- Domestic Violence
- Suicide
- Drug & Alcohol Addiction
- Hunger
- Poverty of children & families

I want my gift to help support

- Child Literacy
- Veterans

Legacy Planning

- I would like more information on Planned Giving
- I already have designated UWDOR in my estate planning

I am interested in:

- Young Leaders United
- Volunteer Initiatives
- Education Initiatives
- Financial Stability Initiatives
- Healthy Living Initiatives

I like to celebrate birthdays: My Day _____ My Month _____

I will be retiring soon. Please keep in touch at: _____

Step 4: My Authorization

X

Please sign here to authorize your pledge

Date

Step 5: Orange Bank & Trust Co. Campaign 2020 – Special Fundraisers

I am contributing to Orange Bank & Trust FUNdraisers (please check all that apply):

	AMOUNT	METHOD			TOTAL
Buy a Day Off* (Non-Officer)	\$40.00	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	\$_____
Buy a Day Off* (Officer)	\$75.00	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	\$_____
Bingo (1 ticket)**	\$10.00 x _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	\$_____
Bingo (3 tickets)**	\$20.00 x _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	\$_____
Raffle**	\$5.00 x _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	\$_____

MY TOTAL FOR SPECIAL FUNDRAISERS IS \$_____

I AM GIVING PAYMENT FOR FUNDRAISERS TO THE ORANGE BANK & TRUST CAMPAIGN TEAM

I CONFIRM I HAVE MADE A GIFT TO THE ANNUAL CAMPAIGN TO BE ELIGIBLE TO PARTICIPATE IN THE FUNDRAISERS

***Limit 1 only. Must establish or increase payroll deduction by \$3 per pay period to qualify.**

**Unlimited