



Contractor & Retiree Pledge Form

NAME _____

ADDRESS: _____

City _____ State _____ Zip Code _____

Phone No.: _____

Select One:

<input type="checkbox"/> One-time contribution of \$ _____ Make check payable to 'United Way of Central New Mexico'	
<input type="checkbox"/> Please bill me for \$ _____ per quarter for a total annual gift of \$ _____	(Your statements will be sent Feb, May, Aug, Nov)
<input type="checkbox"/> Please bill me one time for \$ _____	(Your statement will be sent in February 2016)
<input type="checkbox"/> Please charge my credit card one time for \$ _____ (Dec. 2015) or one time for \$ _____ (Feb. 2016) or Monthly beginning January 2016 for \$ _____ per month for a total of \$ _____ for the year or Quarterly beginning February 2016 for \$ _____ per quarter (Feb., May, Aug., Nov. 2016) for a total of \$ _____/yr. Card # _____ Exp. Date ____/____ <div style="text-align: right; margin-right: 50px;">Mo. Yr.</div>	

You may designate your contribution to go to any non-profit tax-exempt organization in the nation by filling out the Donor Option box below. Your designated agencies must be qualified 501(c)3 health and human service organizations. **United Way of Central New Mexico has received corporate contributions to cover all administrative costs, therefore, 100% of your contribution will go directly to the agency you designate.** Undesignated gifts will support the United Way of the Bay Area Community Fund; to learn more about the United Way of the Bay Area, please see www.uwba.org. **Thank You for Your Support!**

Signature _____ Date _____

Donor Option: Complete ONLY if you want to designate a specific agency other than United Way of the Bay Area.

_____ Agency Name	\$ _____ Amount
_____ Agency Address	
<input type="checkbox"/> Check here if you do not want an acknowledgement from the agency (i.e. I wish to remain anonymous)	
_____ Agency Name	\$ _____ Amount
_____ Agency Address	
<input type="checkbox"/> Check here if you do not want an acknowledgement from the agency (i.e. I wish to remain anonymous)	

Please return this form to: Madeline Burchard, MS 9031

Questions? Please contact Madeline Burchard at (925) 294-4758 or mhburch@sandia.gov