

# Thank You for Investing in *Your Community.*

2009 Pledge Form NSHE Charitable Giving Campaign

## 1. YES, I Want to Improve Lives

PLEASE COMPLETE INFORMATION NEEDED TO PROCESS YOUR GIFT.

_____ First		_____ Last		_____ MI	_____ Employee Identification Number
_____ Home Address					_____ Work Telephone Number
_____ City	_____ State	_____ County	_____ Zip		_____ E-Mail Address

I prefer to remain anonymous

## 2. Method of Payment

TO MAKE YOUR PLEDGE, PLEASE SELECT **ONE** OF THE FOLLOWING CHOICES:

### A. Payroll Deduction:

I would like to contribute the following amount per pay period:

\$100  \$50  \$25  \$10  \$5  Other \$ \_\_\_\_\_

My Pay Period is:

Monthly (12 paychecks)  Twice Per Month (24 paychecks)

My total investment through payroll deduction is:

\$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
payroll deduction pay periods total

Payroll contributions begin January 1, 2008 and remain in effect until December 31, 2008.

### C. Credit/Debit Card:

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### B. Cash/Check:

For \$ \_\_\_\_\_ is enclosed (check # \_\_\_\_\_ ).  
Please make your check payable to  
United Way of Northern Nevada and  
the Sierra (UWNNS).

### D. Stock/Securities Transfer:

Please call UWNNS at (775) 322-8668  
for more information.

Signature X \_\_\_\_\_

My signature authorizes my payroll deduction or credit / debit payment

## 3. Targeted Investments

PLEASE SELECT **ONE** OF THE FOLLOWING CHOICES:

### A. Your United Way's Community Impact Fund

Your donation supports United Way's Community Fund that provides real solutions to critical needs. It's the BEST choice to help the MOST people right here in our community. (Funds are kept in the county of employment, unless otherwise noted above.)

\$ \_\_\_\_\_ Agency Directed Gift to:

A MINIMUM AGENCY DIRECTED GIFT OF \$52 PER AGENCY IS REQUIRED

I authorize United Way to release my name to this agency.

[www.uwayreno.org](http://www.uwayreno.org)

United Way of Northern Nevada and the Sierra does not rent, sell or share personal information about you to unaffiliated individuals.

### B. Community Health Charities of Nevada

Your donation supports 19 health agencies serving Nevada

I prefer to direct my gift to the following agencies

# \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

Community Health Charities of Nevada general contributions will be distributed by CHCN in proportion to designated dollars received by each CHCN partner agency.

[www.healthcharities.org](http://www.healthcharities.org)

United Way of Northern Nevada and the Sierra and Community Health Charities of Nevada do not provide goods or services in exchange for any contribution. Please retain a copy of this pledge form for your IRS charitable deduction records. Your contribution is tax deductible to the extent allowable by law. No goods or services were exchanged for this donation. Please note: 95% of each designated gift is forwarded to the designated charity, 5% not to exceed \$150, retained to support the operations of United Way of Northern Nevada and the Sierra.

Thank You!

Please send completed form to: Phyllis Snedeker, University of Nevada, Reno, Mail Stop 0127