



2340 Alamo Ave. SE, 2nd Floor  
Albuquerque, NM 87106  
[www.uwcnm.org](http://www.uwcnm.org)  
Phone (505) 247-3671

### Questions?

Contact Roberta Rivera at SNL 505-284-5211  
[rjriver@sandia.gov](mailto:rjriver@sandia.gov) or  
Randy Woodcock at United Way 505-245-1732  
[randy.woodcock@uwcnm.org](mailto:randy.woodcock@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.)

Employer \_\_\_\_\_ **Emp. ID** \_\_\_\_\_ Personal Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse/Partner's Name & Company \_\_\_\_\_ Work E-mail \_\_\_\_\_

Please recognize me/us as follows \_\_\_\_\_ First year you gave to any United Way: \_\_\_\_\_ (year)

I / We wish to remain anonymous  
(Your name and pledge will not be shared with outside parties.)

## Tell us how you'd like to donate

### Pledge Totals

<b>Payment Attached</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check* 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. DO NOT STAPLE money or checks to this form. Please paperclip.</small>	DONATION x # OF PAYCHECKS \$ _____
<b>Debit My Bank Account</b> (A voided check is preferred) Routing # _____ Account # _____ <input type="checkbox"/> One time (February 2021) <input type="checkbox"/> Monthly (January – December 2021) <input type="checkbox"/> Continuous Monthly (Until I notify UWCNM to discontinue)	\$ _____
<b>Credit Card</b> You can give via credit card through our website at <a href="http://www.uwcnm.org/eway">www.uwcnm.org/eway</a> or call Finance at 505-247-3671.	\$ _____
	<b>\$ TOTAL</b>

## 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 Impact Fund	\$ _____
\$ _____ COVID-19 Recovery	\$ _____
or, I prefer to direct my gift to one or more specific focus areas of UWCNM's work:	
\$ _____ <b>Mission: Families</b> Help reduce stress and trauma in the lives of children by providing their families the support they need	
\$ _____ <b>Mission: Graduate</b> Increase graduates and overall attendance, engagement, career exploration and more	
\$ _____ <b>Guys Give</b> <input type="checkbox"/> Check the box to join Guys Give (if your household annual pledge is \$1,000 or above)	
\$ _____ <b>Hispano Philanthropic Society</b> <input type="checkbox"/> Check the box to join the Hispano Philanthropic Society (if your household annual pledge is \$1,000 or above)	
\$ _____ <b>Women United</b> <input type="checkbox"/> Check the box to join Women United (if your household annual pledge is \$1,000 or above)	
\$ _____ <b>Young Leaders Society</b> <input type="checkbox"/> Check the box to join the Young Leaders Society (if your household annual pledge is \$500 or above)	
\$ _____ <b>Basic Needs</b> Your gift will provide a safety net for the most vulnerable, focusing on food insecurity and homelessness	\$ _____
\$ _____ <b>Diversity Equity and Inclusion (DEI) United Fund</b> to conduct community training and education	
<input type="checkbox"/> <b>Give to any nonprofit organization of your choice:</b> 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 UWCNM. Contributions will revert to United Way of Central New Mexico 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: _____ _____ _____	
	\$ _____
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.	
	\$ _____

**SIGN HERE**

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

*Thank You!*