

Account #



PAYMENT OPTIONS

Pay By Check payable to:
United Way of Broome County
P.O. Box 550, Binghamton, NY 13902-0550

United Way
of Broome County

Bill Me Later (\$25 minimum) check one:

- A. Send me a bill in December or _____
Q. Quarterly Month(s)

Pay By Credit Card

Use the back of this form to submit a credit card payment
or pay online at www.uwbroome.org/donate

Give us your personal email address and we'll keep you updated about programs
and activities across the community:

Last Year's Gift:

MY PLEDGE

Total Gift or Pledge	Paying Now	Future Payments

I prefer all my gifts to remain anonymous for publication.

Signature Date

Account #



PAYMENT OPTIONS

Pay By Check payable to:
United Way of Broome County
P.O. Box 550, Binghamton, NY 13902-0550

United Way
of Broome County

Bill Me Later (\$25 minimum) check one:

- A. Send me a bill in December or _____
Q. Quarterly Month(s)

Pay By Credit Card

Use the back of this form to submit a credit card payment
or pay online at www.uwbroome.org/donate

Give us your personal email address and we'll keep you updated about programs
and activities across the community:

Last Year's Gift:

MY PLEDGE

Total Gift or Pledge	Paying Now	Future Payments

I prefer all my gifts to remain anonymous for publication.

Signature Date

Account #



PAYMENT OPTIONS

Pay By Check payable to:
United Way of Broome County
P.O. Box 550, Binghamton, NY 13902-0550

United Way
of Broome County

Bill Me Later (\$25 minimum) check one:

- A. Send me a bill in December or _____
Q. Quarterly Month(s)

Pay By Credit Card

Use the back of this form to submit a credit card payment
or pay online at www.uwbroome.org/donate

Give us your personal email address and we'll keep you updated about programs
and activities across the community:

Last Year's Gift:

MY PLEDGE

Total Gift or Pledge	Paying Now	Future Payments

I prefer all my gifts to remain anonymous for publication.

Signature Date

Pay By Credit Card

Check one:  **VISA**

For credit card payment, address listed on the front of this card must be your billing address.

Card number:

Card expiration date _____

Month to bill credit card _____

Signature _____

Today's Date ___/___/___

Telephone number (_____) _____ Zip code _____

100%
**OF YOUR GIFT
GOES DIRECTLY
TO COMMUNITY
PROGRAMS**

A copy of the last financial report of United Way of Broome County filed with the Department of Law may be obtained by writing to either of the following: New York State Department of Law, Charities Bureau, 120 Broadway 3rd Floor, New York, NY 10271, or United Way of Broome County, PO Box 550, Binghamton, NY 13902-0550.

Pay By Credit Card

Check one:  **VISA**

For credit card payment, address listed on the front of this card must be your billing address.

Card number:

Card expiration date _____

Month to bill credit card _____

Signature _____

Today's Date ___/___/___

Telephone number (_____) _____ Zip code _____

100%
**OF YOUR GIFT
GOES DIRECTLY
TO COMMUNITY
PROGRAMS**

A copy of the last financial report of United Way of Broome County filed with the Department of Law may be obtained by writing to either of the following: New York State Department of Law, Charities Bureau, 120 Broadway 3rd Floor, New York, NY 10271, or United Way of Broome County, PO Box 550, Binghamton, NY 13902-0550.

Pay By Credit Card

Check one:  **VISA**

For credit card payment, address listed on the front of this card must be your billing address.

Card number:

Card expiration date _____

Month to bill credit card _____

Signature _____

Today's Date ___/___/___

Telephone number (_____) _____ Zip code _____

100%
**OF YOUR GIFT
GOES DIRECTLY
TO COMMUNITY
PROGRAMS**

A copy of the last financial report of United Way of Broome County filed with the Department of Law may be obtained by writing to either of the following: New York State Department of Law, Charities Bureau, 120 Broadway 3rd Floor, New York, NY 10271, or United Way of Broome County, PO Box 550, Binghamton, NY 13902-0550.