

UCI (when completed)

**Sandia National Laboratories
Retiree ECP/United Way**

Name:	_____		
Address:	_____		

	City	State	Zip Code
Phone No.:	_____		

Select One:

<input type="checkbox"/> I would like to make a continuous monthly pension deduction of \$ _____ for a total annual gift of \$ _____ Your pension deduction will be set up by the Retirement Coordinator in the SNL HBES Center. (isanche@sandia.gov) Phone :845-9705	
<input type="checkbox"/> One-time contribution (Make check payable to United Way of Central New Mexico) of \$ _____	
<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)
<input type="checkbox"/> Please charge my credit card one time for _____ (Dec. 2008) or one time for \$ _____ (Feb. 2009) or Monthly beginning January 2009 for \$ _____ per month for a total of \$ _____ for the year or Quarterly beginning January 2009 for \$ _____ per quarter (Feb., May, Aug., Nov. 2009) for a total of \$ _____ /yr. Card No.: _____ Expiration Date: Month: _____ Year: _____	

United Way of Central New Mexico has received corporate contributions to cover all administrative costs, therefore **100% of your contribution will go directly to programs or the agencies you designate.** All undesigned gifts will support the UWCNM Community Fund. You can designate your contributions to any non profit tax-exempt organization in the world. Your designated agencies must be qualified 501(c)3 health and human service organizations. **Thank You for Your Support!**

Signature _____ Date _____

**Please Return This Form to: Randy Woodcock, United Way of Central New Mexico
2340 Alamo Ave SE 2nd Fl, Albuquerque, NM 87106**

Donor Option: Complete ONLY if you want to designate a specific agency.	
_____ 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)	

Questions: Contact Pamela Catanach at SNL at (505) 284-5211 pcatana@sandia.gov or Randy Woodcock at the United Way, (505) 247-3671 ext 732 randy@uwcnm.org

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