

UCI

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: send an email to: retiring@sandia.gov and you will be contacted by a representative to get this set up.	
<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 2013)
<input type="checkbox"/> Please charge my credit card one time for \$ _____ (Dec. 2012) or one time for \$ _____ (Feb. 2013) or Monthly beginning January 2013 for \$ _____ per month for a total of \$ _____ for the year or Quarterly beginning February 2013 for \$ _____ per quarter (Feb., May, Aug., Nov. 2013) for a total of \$ _____/yr. Card # _____ Exp. Date _____ / _____ <div style="text-align: right; margin-right: 50px;">Mo. Yr.</div>	

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 undesignated 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, Suite 200, 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.woodcock@uwcnm.org