

NAME: _____	For United Way Use
ADDRESS: _____	Last Year \$ _____
_____	Dep.: _____
(Please Print)	

RECEIPT
Miss/Mrs./Mr.

IS A CONTRIBUTING MEMBER OF
THE UNITED WAY
OF GREATER ONEIDA, INC.

I Pledge \$ _____ United Way of Greater Oneida
 United Way of _____

Total \$ _____

- Paid Now
- Payroll Deduction Plan

This organization does not
provide goods or services
in exchange for contributions.

Employer's Name

Signature of Giver

THANK YOU

United Way of Greater Oneida, Inc.
P.O. Box 648, Oneida, NY 13421-0648 • 315-363-5779 • www.unitedwayofgreateroneida.org



Your support is crucial and greatly appreciated,
please return a pledge card to your payroll department.

**CHANGE
WON'T HAPPEN
WITHOUT YOU**

Great Things

Happen When we

LIVE UNITED



United Way of Greater Oneida