

Young Leaders United

is made up of Central New York young professionals who demonstrate leadership by helping to make lasting positive changes in our community.

YLU is committed to supporting United Way by providing time and financial resources where they are needed most in the community.

CONNECT

with like-minded members at social and networking events.

SERVE

as a volunteer in individual and group projects that help make our community a better place.

LEARN

from experienced community leaders and executives through our Leadership and Community Education Series.

United Way of CNY Impact Areas

EDUCATION

Educating community members to achieve their full potential with children entering school ready to succeed, reading proficiently by 3rd grade, making a successful transition to middle school, and graduating from high school on time and ready for success in college, work, and life.

HEALTH

Improving the overall health, safety, and well-being of our community and its people

BASIC NEEDS

Providing support services to meet basic human and community needs, helping individuals to attain greater financial stability and independence through employment and access to safe, affordable housing, and assisting individuals and families during times of crisis.

United Way of Central New York

518 James Street
Syracuse, New York
phone 315.428.2231
fax 315.428.2227
www.unitedway-cny.org

Mailing Address

PO Box 2129
Syracuse, NY 13220



CONNECT

SERVE

LEARN



UW CNY

The Mission

To promote and encourage the spirit of philanthropy and volunteerism among young people in Central New York.

Membership Criteria

- Minimum of \$250 annual donation to United Way of Central New York
- 16 hours of volunteer service (www.volunteercny.org)

Membership Benefits

- Network with other young professionals
- Leadership Education Series
- Community Education Series
- Opportunities to volunteer as a group or an individual

2016-2017 YOUNG LEADERS UNITED MEMBERSHIP APPLICATION

1. MY INFORMATION *(please print clearly)*

First Name _____ MI _____ Last Name _____
Home Address _____ Apt # _____
City _____ State _____ Zip Code _____
Phone _____ Birthdate *(optional)* _____
Email _____ Gender Male Female
Employer _____
Member Of Organized Labor - Local _____

2. GIFT AMOUNT *(please indicate the amount of your gift for the current pledge year)*

Total Annual Gift \$ _____

3. PAYMENT METHOD *(please select payroll deduction or a direct gift for the current pledge year)*

<input type="checkbox"/> Payroll Deduction <i>(your employer's workplace campaign)</i> I am paid <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	<input type="checkbox"/> Debit/Credit Card * To be paid <input type="checkbox"/> one time <input type="checkbox"/> quarterly <input type="checkbox"/> monthly Date to Start Billing _____ Total Amount \$ _____ Debit/Credit Card # _____ Expiration Date _____ CVC _____ Signature _____
<input type="checkbox"/> Bill Me <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Date to Start Billing _____	
<input type="checkbox"/> Give Now <input type="checkbox"/> Cash <input type="checkbox"/> Check (United Way of CNY)	

* We must have your billing address to process debit/credit card transactions

Mather Fund Match: Multiply the power of your gift!

Thanks to a second grant from The Richard Mather Fund, we will again match any new young leaders' \$250 gift and any increase up to \$250 for returning donors. You can individually give \$250 this year (\$4.80 per week) or you and your spouse/partner can combine your donations to make that \$250 gift. Your gift and the match will greatly help meet the ever increasing needs in our community. Please take advantage of this Young Leaders United opportunity to put more than \$50,000 into our community in its second year!

4. IDENTIFY ME

Combine my gift with my spouse's/partner's Spouse's/Partner's Name _____
Spouse's/Partner's Employer _____
My listing in donor recognition materials should read _____
 I prefer my gift to remain anonymous

5. MY SIGNATURE *(required for all donations)*

Signature _____ Date _____

Thank You for your gift to United Way of Central New York