

## Hamilton College Community Outreach Campaign 2010 Payroll Deduction Form

Name (s) \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please send me the United Way pledge form. *(Do not fill out the remainder of this form.)*

I choose to enroll in the automatic payroll deduction plan through Hamilton College. *(Please complete below.)*

Amount of Deduction <i>Each Pay Period</i>	Number of Pay Periods in 2010 <small>(Fac/Admin = 12 / Staff/M&amp;O= 52)</small>	Total 2010 Contribution
\$ _____	<b>X</b>	= \$ _____

I designate my contributions to the following (up to 3) organizations with the total yearly amount they will receive indicated next to each.

(Please make sure that your "Total 2010 Contribution" is the same in both places.)

	<i>Total '10 Gift</i>		<i>Total '10 Gift</i>
<input type="checkbox"/> A Better Chance of Clinton	\$	<input type="checkbox"/> Kirkland Town Library	\$
<input type="checkbox"/> AIDS Community Resources	\$	<input type="checkbox"/> Legal Aid Society of Mid-New York	\$
<input type="checkbox"/> American Red Cross	\$	<input type="checkbox"/> Mohawk Valley Resource Center for Refugees	\$
<input type="checkbox"/> Boys & Girls Club of Utica	\$	<input type="checkbox"/> New Horizons of the Mohawk Valley	\$
<input type="checkbox"/> Canine Working Companions	\$	<input type="checkbox"/> Planned Parenthood	\$
<input type="checkbox"/> Catholic Charities of Utica-Rome	\$	<input type="checkbox"/> Resource Center for Independent Living	\$
<input type="checkbox"/> Clinton Arena	\$	<input type="checkbox"/> Runaway & Homeless Youth Program	\$
<input type="checkbox"/> Clinton Early Learning Center	\$	<input type="checkbox"/> Salvation Army	\$
<input type="checkbox"/> Family Services of the Mohawk Valley	\$	<input type="checkbox"/> Thea Bowman House	\$
<input type="checkbox"/> Greater Utica Community Food Bank	\$	<input type="checkbox"/> Upstate Cerebral Palsy	\$
<input type="checkbox"/> Hope House	\$	<input type="checkbox"/> Utica Safe Schools (Underground Café Program)	\$
<input type="checkbox"/> Hospice Care	\$	<input type="checkbox"/> Visiting Nurse Association	\$
<input type="checkbox"/> Kirkland Art Center	\$	<input type="checkbox"/> YWCA of the Mohawk Valley	\$
<input type="checkbox"/> Kirkland Senior Citizens Center	\$	<b>TOTAL 2010 CONTRIBUTION</b>	\$
		<i>(Sum of above gifts - up to 3 beneficiaries)</i>	\$

I do not wish to participate via payroll deduction but still want to help and be counted!   
 I have made direct contributions to the above agencies totaling \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your tax-deductible contributions will be sent in semi-annual payments to the organization/s you have designated. Your name and home address will be provided with your donation.*

*The organizations are encouraged to send you a receipt for tax purposes.*

***You may also use your pay stub as documentation for your charitable contribution.***

**Please make a copy of this form for your own records.**

*Return the original to the Office of the President no later than November 13, 2009.*