

## Hamilton College Community Outreach Campaign 2009 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 Each Pay Period Deduction	Number of 2009 Pay Periods <small>(Fac/Admin = 12 / Staff/M&amp;O= 52)</small>	Total 2009 Contribution
\$ _____	<b>X</b>	= \$ _____

I designate my contributions to the following organizations (**you may choose no more than 3**),  
with the total yearly amount they will receive indicated next to each.

	Total Gift		Total Gift
<input type="checkbox"/> AIDS Community Resources	\$	<input type="checkbox"/> Kirkland Senior Citizens Center	\$
<input type="checkbox"/> American Red Cross	\$	<input type="checkbox"/> Kirkland Town Library	\$
<input type="checkbox"/> Boys & Girls Club of Utica	\$	<input type="checkbox"/> Legal Aid Society of Mid-New York	\$
<input type="checkbox"/> Canine Working Companion Inc.	\$	<input type="checkbox"/> Mohawk Valley Resource Center for Refugees	\$
<input type="checkbox"/> Catholic Charities of Utica-Rome	\$	<input type="checkbox"/> New Horizons of the Mohawk Valley	\$
<input type="checkbox"/> Clinton Arena	\$	<input type="checkbox"/> Planned Parenthood	\$
<input type="checkbox"/> Clinton Early Learning Center	\$	<input type="checkbox"/> Resource Center for Independent Living	\$
<input type="checkbox"/> Clinton Youth Foundation	\$	<input type="checkbox"/> Runaway & Homeless Youth Program	\$
<input type="checkbox"/> Cosmopolitan 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	\$

**Please confirm your TOTAL 2009 CONTRIBUTION (grand total of individual contributions listed above): \$ \_\_\_\_\_**

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

*Your tax-deductible contributions will be sent in one lump sum in **December, 2009** 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.*

**Please make a copy of this form for your own records.**  
*Return the original to the Office of the President  
no later than November 10, 2008.*