

**UCI**  
**Sandia National Laboratories**  
**Retiree ECP/United Way**

RETIREE NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ State Zip Code

Phone No.: \_\_\_\_\_

Select One:

- Fixed monthly deductions \$ \_\_\_\_\_
- One-time contribution (Make check payable to United Way of Central New Mexico)

United Way has received corporate contributions to cover all administrative costs, therefore 100% of your contribution will go directly to programs or the agency you have designated. Agencies must be qualified 501(c) (3) health and human service organizations. If a designated agency does not meet above criteria, you will be notified so that you may select an alternative agency. **Thank You for Your Contributions!**

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

**Mail form in enclosed postage paid envelope**

**Donor Option:** Complete ONLY if you want to designate a specific agency.

_____	\$	_____
Agency Name		Amount
_____		
Agency Address		
<input type="checkbox"/> Check here if you want acknowledgement from the agency		

_____	\$	_____
Agency Name		Amount
_____		
Agency Address		
<input type="checkbox"/> Check here if you want acknowledgement from the agency		

Questions: Contact Juanita Sanchez at 844-1307.