YES, I WANT TO HELP OUR MOST VULNERABLE NEW YORKERS!

NAME	DEPARTMENT			DATE				
		(Please print clearly)			lease selec	t one method b	oelow.)	
	I WANT TO DIRECT MY GIFT TO:		PER PAY	PERIOD	ONE TIME CONTRIBUTION		ON BILL ME	
CommunityWorks	COMMUNITY WORKS OF NEW YORK STATE (SHARED BY ALL AGENCI Specific Agency:	ES)	\$.00	\$.00	\$.00
	(Print Name from Brochure)	NAME OF THE PARTY	\$.00	\$.00	\$.00
	(Print Name from Brochure)	***********	\$.00	\$.00	\$.00
	(Print Name from Brochure)		\$.00	\$.00	\$.00
Would you like a thank you/receipt?YesNo If yes, you must indicate an address below:		TOTAL GIFT	\$.00	\$.00.	\$.00
		_ Name (Print)		Questions? Please call 1.800.808.2225				
Address (Print)City, State, Zip (Print)								
		_ E-mail (Help save ma	ailing cost. E-mail addresses will not be shared with others.)					
THANK YOU and please note that all gifts are tax deductible to the extent permitted by law and no goods or services were rendered in exchange for this donation. WHITE COPY: Payroll/Company Match YELLOW COPY: Community Works PINK COPY: Donor								