REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

United Way
West Central Connecticut

United Way Pledge Form

PREFIX | FIRST NAME | MI | LAST NAME

HOME ADDRESS *(For credit card charges, address listed must be your billing address.)* | CITY

STATE | ZIP | HOME PHONE | DAYTIME PHONE

COMPANY NAME

ARE YOU A LOYAL CONTRIBUTOR?

I have been investing in United Way for _____ years.

THANK YOU!

Want to see how your contribution is making a difference? Please provide your home email address, so we can show you how your investment is making an impact on your community and provide you with opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

O **EASY PAYROLL DEDUCTION**
My total annual gift

AMOUNT $

I want to contribute the following each pay period:
☐ $20 ☐ $10 ☐ $7 ☐ $5
☐ $3 ☐ $2 ☐ Other _____

I am paid (times per year):
☐ Weekly (52) ☐ Biweekly (26)
☐ Twice a month (24) ☐ Monthly (12)
☐ Other _____

O **ONE TIME GIFT**

AMOUNT $

Direct gift to be paid by:
O Cash
O Personal Check (please enclose)
Check # _____

O **DIRECT BILL** (minimum of $100)

AMOUNT $

Please complete the top portion with your home address.
You will be billed on a quarterly basis beginning in January.

O **CREDIT CARD** (minimum of $100)
A 3.0% processing fee will be deducted from your total gift to cover the fee charged by credit card companies.

AMOUNT $

Please check one:
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover
Credit Card # _____
Expiration Date _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A:

O **INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.**
The most powerful way to invest your contribution.

AMOUNT $

option B:

O **EDUCATION** Helping children and youth achieve their potential through education

- Encouraging families to be *actively engaged* with their children in programs, activities and/or experiences
- Ensuring all children are *prepared for kindergarten*
- Helping youth demonstrate age-appropriate *social, emotional and cognitive skills*
- Increasing youth engagement in the *community*

AMOUNT $

O **INCOME** Helping families become financially stable and independent

- Helping adults improve/develop life skills necessary for *self-sufficiency*
- Ensuring families and individuals work toward self-sufficiency by *meeting basic needs*

AMOUNT $

O **HEALTH** Improving people's health

- Ensuring people in physical or emotional distress *access timely services* resulting in improvement in functioning
- Encouraging *older, isolated adults* to access services to increase their connection to their communities

AMOUNT $

option C:

O Restricted Contribution
AMOUNT $

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

*A cost-recovery fee will be charged to process each designated gift to organizations not funded by United Way of West Central Connecticut.

o I would like to receive acknowledgement of my investment in United Way.

o I would like my investment to remain anonymous.

Signature

Please check the accuracy of all your entries.
Thank you for investing in United Way.

United Way of West Central Connecticut | 200 Main Street, Bristol, CT 06010 | (P) 860-582-9559 | Website: www.uwwestcentralct.org

White: United Way copy | Yellow: Employer copy | Pink: Donor copy