

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

LIVE UNITED™



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 Code _____ Daytime Phone _____

Company Name _____

Home E-mail Address _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

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 _____

ONE TIME GIFT

AMOUNT \$ _____

Direct gift to be paid by:

- Cash
 Personal Check (please enclose)
Check # _____

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.

CREDIT CARD (minimum of \$100)

AMOUNT \$ _____

Please check one:

- MasterCard Visa American Express Discover

Credit Card # _____

Expiration Date _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:

INFLUENCE THE CONDITION OF ALL. United Way Community Action Fund.

I Live United by allowing local, knowledgeable volunteers to invest my contribution where it's needed most and will do the most good.

AMOUNT \$ _____

EDUCATION

Helping children and youth achieve their potential through education

AMOUNT \$ _____

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

INCOME

Promoting financial stability and independence

AMOUNT \$ _____

HEALTH

Improving people's health and wellness

AMOUNT \$ _____

I would like my investment to remain anonymous.

I am a Loyal Contributor and I have been donating to United Way for _____ years.

My gift, either alone or in combination with my spouse/partner, totals \$1,000 or more:

Spouse/Partner Name: _____ Spouse/Partner Company: _____

I would like to get involved with United Way's governance.

I would like more information on the Young Professionals for United Way (for those who are 21 to 35 years-old).

I would like to remember United Way of West Central Connecticut in my estate plans.

Restricted Contribution (Minimum of \$50) 501 (C)(3) ORGANIZATION NAME AND ADDRESS (OR AGENCY CODE)

AMOUNT \$ _____

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

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.uwestcentralct.org

White: United Way copy

Yellow: Employer copy

Pink: Donor copy