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)
  Please check one:
  - MasterCard
  - Visa
  - American Express
  - Discover
  Credit Card # _______________________________________
  Expiration Date ____________ Security Code ____________

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.

- **EDUCATION**
  Helping children and youth achieve their potential through education
  AMOUNT $

- **FINANCIAL STABILITY**
  Promoting financial stability and independence
  AMOUNT $

- **HEALTH**
  Improving people's health and wellness
  AMOUNT $

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