

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL  
**LIVE UNITED**<sup>®</sup>



**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 \_\_\_\_\_ 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.

AMOUNT \$ \_\_\_\_\_

**EDUCATION**

Helping children and youth achieve their potential through education

AMOUNT \$ \_\_\_\_\_

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

**FINANCIAL STABILITY**

Promoting financial stability and independence

AMOUNT \$ \_\_\_\_\_

I would like my investment to remain anonymous.

**HEALTH**

Improving people's health and wellness

AMOUNT \$ \_\_\_\_\_

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)** 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.