## 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 $________

- **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 Professional Young Visionaries of Tomorrow (PYVOT) for those who are under 40 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
  - AMOUNT $________

  *A cost-recovery fee will be charged to process each designated gift.

**Signature**

Please check the accuracy of all your entries.

Thank you for investing in United Way.

United Way of West Central Connecticut  
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(P) 860-582-9559  
Website: www.uwwestcentralct.org

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