

Together, we see possibilities. **United** we have a way.



1. PLEASE PROVIDE DONOR INFORMATION

A HOME ADDRESS IS REQUIRED FOR PROCESSING CREDIT CARDS, DIRECT BILL DONATIONS AND FOR THE ACKNOWLEDGEMENT OF YOUR GIFT.

Ms. Mr. Mrs. Dr. First name MI Last name Preferred E-mail: Home Work Phone
Employer Company Address Employee ID Home Address
City State ZIP City State ZIP
I prefer that my name not be listed in United Way publications. I have been a United Way donor for 25 years or more.

2. Choose where you want to invest your gift in our community.

YES! I want to make the most powerful contribution possible where it is needed most in our community. I know United Way will make my contribution work to change conditions and improve lives.
AMOUNT \$ UNITED WAY COMMUNITY FUND
UNITED WAY HAS IDENTIFIED THE GREATEST NEEDS IN OUR REGION. I WANT TO SUPPORT:
AMOUNT \$ SUCCESSFUL CHILDREN & YOUTH: parenting information for families with young children, high-quality and affordable early childhood programs, and engaging and safe after-school and summer programs for school-age kids. Code: 30
AMOUNT \$ ECONOMICALLY VIBRANT COMMUNITIES: job training for homeless individuals, financial literacy training to help people start their own businesses, and supportive housing for individuals with mental illness. Code: 31
AMOUNT \$ HEALTHY AND CONNECTED COMMUNITIES: health services for aging adults, food for individuals living with AIDS, and block watches and community gardens that connect neighbors. Code: 32
AMOUNT \$ SUCCESS BY 6: Help children begin school ready to succeed. Code: 06
AMOUNT \$ THE COMMUNITY FUND FOR WOMEN AND GIRLS: United Way supports this Community Foundation for Greater New Haven Fund, which addresses core issues affecting women and girls in the region. Code: 34
TOTAL GIFT \$ see back of pledge form for more info on how gifts to these areas change lives and conditions in our community

OPTIONAL - SPECIFIC AGENCY: Send my gift to the health and human service agency or agencies listed below (view agency code list at www.uwgnh.org). EACH RESTRICTED GIFT MUST BE \$48 OR MORE. Restricted gifts of less than \$48 will be considered a gift to the Community Fund. Please provide contact information for agency not listed online. UW will verify eligibility.

Table with 4 columns: Agency Code or Agency Name & Address, Amount, Agency Code or Agency Name & Address, Amount

I DO NOT want to receive an acknowledgement from the agency directly.

3. Choose how you want to invest in your community. We offer 5 easy options:

PAYROLL DEDUCTION My total annual gift = \$
A. I pledge the following amount each pay period:
\$25 \$15 \$10 \$5
% of my salary
Other \$
B. I am paid:
weekly (52) bi-weekly (26)
monthly (12) semi-monthly (24)
BILL ME \$ (\$48 MINIMUM)
quarterly annually
other
beginning month 20 year
A home address (step 1) is required for direct billing.
CASH \$ amount
CHECK (enclosed) \$ amount
Please make checks payable to United Way of Greater New Haven. United Way will mail tax receipts for cash gifts of \$250 or more.
CREDIT CARD \$ (total gift amount)
VISA MasterCard Discover Amex One time Quarterly
card number exp. date cvv no.

Signature: Date:

A signature is required to process payroll deduction, direct billing, credit card donations and restricted gifts.

give · learn · volunteer
www.uwgnh.org

THANK YOU!

THANK YOU!

This form, along with your cancelled check or payroll stub, will satisfy the Internal Revenue Service Regulations regarding charitable gifts. No goods or services as whole or partial consideration are provided for any contributions made to United Way.