

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

LIVE UNITED™

www.uwwesternct.org

Serving Northern Fairfield County
85 West Street, Danbury, CT 06810
Tel 203/792-5330

Serving Southern Litchfield County
21 Main Street, P.O. Box 29, New Milford, CT 06776
Tel: 860/354-8800

Serving Stamford
62 Palmer's Hill Road, Stamford, CT 06902
Tel: 203/348-7711



United Way
of Western Connecticut



Your gift goes
further.

Your voice is heard
loudest.

Your time
makes the most
difference.

United Way is
the place where
everyone who cares
about others can
do something
right now.



This is your
invitation
to join the
movement.

TO LIVE UNITED.

And it has never
been more clear.

please give.

United Way Pledge Form

Please print clearly

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS CITY

STATE ZIP HOME PHONE WORK PHONE

EMPLOYER

EMAIL ADDRESS

INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.
The most powerful way to invest your contribution.

I WANT TO GIVE THE EASY WAY THROUGH PAYROLL GIVING.

- A. I am paid:** Weekly (52) Every Other Week (26) Twice Monthly (24)
 Monthly (12) Other _____
- B. Each pay period I will donate:** \$50 \$20 \$10 \$5 Other _____
- C. For a Total Yearly Pledge of:** \$ _____ (Multiply AxB=C)

Signature (required) _____ **Date** _____

OR I PREFER TO GIVE THROUGH THE FOLLOWING PAYMENT METHOD:

- I am attaching a **Check** for \$ _____ payable to **UWWC**, Check # _____
- Cash** contribution in the amount of \$ _____ is enclosed
- Credit Card** Minimum credit card payment of \$20 per transaction.

Some companies may not accept credit card pledges via this form. Please contact your Campaign Coordinator for your company's policy. Complete billing address must be provided above for credit card transactions.

Credit Card contribution in the amount of \$ _____ MasterCard Visa American Express

Account # _____ Exp. Date: ____/____/____

Signature (required for credit card) _____ **Date** _____

A generous gift of \$1,000 or more qualifies you for membership in the United Way of Western Connecticut Leadership Giving Association.

THANK YOU. YOUR PLEDGE IS COMPLETE.

OPTIONAL YOU MAY CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY. YOU CAN CHOOSE AN IMPACT AREA OR A UNITED WAY INITIATIVE

- EDUCATION** Helping children and youth achieve their potential through education
- INCOME** Helping families become financially stable and independent
- HEALTH** Improving People's Health
- STRONG START:** School Readiness
- STRONG HOME:** Financial Stability
- STRONG HEART:** Healthy Children

OPTIONAL CHOICE : RESTRICTED GIVING
You may restrict your gift to agencies with 501(c)(3) status. Restricted donations are not reviewed by United Way of Western Connecticut. A 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annual donation of \$104 is required per agency, with a maximum of three designations. Restricted pledges below this amount will be distributed through the Community Impact Fund.

Please print clearly:
Amount of restricted gift: \$ _____
Agency _____
Address _____
City _____ State: _____ Zip: _____
If paying by check, make payable to: UWWC

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

United Way does not rent, trade or sell our list of contributors. All information is strictly confidential.

Please return original form to United Way — Company should retain a copy. — The IRS requires the donor to keep a copy of the pledge form for tax records.