

BUILDING COMMUNITIES WHERE EVERYONE CAN THRIVE



MY INFORMATION		MY PASSIONS Tell us what impact areas you care about: (check all that apply)
Name:		
Company:		
Home Address:		☐ Neighbors have a sense of health and
City / State / Zip:		well-being
Email:		 Students succeed in school and prepare for a career
☐ I do not wish to be publicly recognized. We respect your privacy and do not share personal information.		☐ Families meet basic needs today, and build financial security for the future
MY DONATION		
My Total Annual Gift = \$	Please consider a Leadership Giving Association Gift of \$1,000 or more.	United Way
		United Way of Coastal and Western Connecticut
	I am paid: (check one) Weekly (52) Every 2 Weeks (26) Twice a Month (24) Monthly (12) Other (Make payable to United Way of Coastal and Western CT) / \$ (Monthly — for 12 months)	I'd also like to designate \$ a gift to another non-profit organization (add info below)* EIN #: 501(c)3 Organization Address City / State / Zip
Expiration Date: / Billing Zipcode:	CVV #:	
		 Please DO NOT release my information to this agency.
Donor's Signature (required): United Way does not provide goods or services in whole or partial consideration made to the organization via this pledge.		* Designated gifts (minimum *\$104 per designed are assessed fundraising and processing fees of 16%.
		Gifts not meeting the \$104 minimum will benefit United Way.

SERVING THE COMMUNITIES OF:

Questions about giving? Please contact us at:

phone: (203) 792-5330 • email: giving@unitedwaycwc.org

Please make a copy for your files. Visit us online at:

unitedwaycwc.org