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UNITED WAY OF GREATER NEW HAVEN 2012 CONTRIBUTION FORM



Mr/Mrs/Ms/Dr First Name		Last Name			
Home Address (For credit card charges, add	ress listed must be your billing address)				
			()		
City	State	Zip	Preferred Phor	ne Number	
Company Name				Loyal Contri	ibutor
• ,				Yes, I have been d	•
E-Mail (We will send you information abou	the impact of your contribution and event announceme	nts. We will not share your email (address.)	_ United Way for 10-	+ years.
CHOOSE HOW YOU WO	JLD LIKE TO MAKE YOUR DONA	ATION:			
☐ PAYROLL DEDUCTIO			DONATION		
A. I am paid:	B. Amount Per Pay	Period: Pers	onal check (payable to l	uwgnн) О Cash	
• Weekly (52 weeks)	○ \$50		lit/Debit Card		
O Bi-Weekly (26 week	_		Monthly \$	One time \$	
Twice Monthly (24					
O Monthly (12 month		card number		e	exp. date
Other	Other \$				
Total Annual Dadu	tion \$ (Multiply A x B)	Total Annu	ıal Donation \$		
lotat Allituat Deduc	For securities or	For securities or stock transfers, please call 203-691-4219			
Donations of \$1,000 or mo	e qualify for recognition in the Leade	rship Circle. (For more	e information, see th	he back of the form.)	
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THANK YOU! YOUR CONTRIBUTION HELPS CREATE OPPORTUNITIES AND INSPIRES HOPE FOR A BETTER TOMORROW.

TO FIND OUT HOW YOUR CONTRIBUTION IS MAKING A DIFFERENCE IN YOUR COMMUNITY, VISIT UWGNH.ORG.

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.

All personal information you provide on this pledge form will be kept strictly confidential.

THANK YOU!

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