

# UNITED WAY OF GREATER NEW HAVEN 2012 CONTRIBUTION FORM



CONTACT INFORMATION

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Mr./Mrs./Ms./Dr \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (For credit card charges, address listed must be your billing address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone Number (\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_  **Loyal Contributor**

*Yes, I have been donating to United Way for 10+ years.*

E-Mail (We will send you information about the impact of your contribution and event announcements. We will not share your email address.) \_\_\_\_\_

PAYMENT OPTIONS

2

## CHOOSE HOW YOU WOULD LIKE TO MAKE YOUR DONATION:

<p><input type="checkbox"/> <b>PAYROLL DEDUCTION</b></p> <p>A. I am paid:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Weekly (52 weeks)</li> <li><input type="radio"/> Bi-Weekly (26 weeks)</li> <li><input type="radio"/> Twice Monthly (24 weeks)</li> <li><input type="radio"/> Monthly (12 months)</li> <li><input type="radio"/> Other _____</li> </ul> <p>B. Amount Per Pay Period:</p> <ul style="list-style-type: none"> <li><input type="radio"/> \$50</li> <li><input type="radio"/> \$25</li> <li><input type="radio"/> \$15</li> <li><input type="radio"/> \$10</li> <li><input type="radio"/> Other \$ _____</li> </ul> <p><b>Total Annual Deduction \$ _____</b> (Multiply A x B)</p>	<p><input type="checkbox"/> <b>DIRECT DONATION</b></p> <p><input type="radio"/> Personal check (payable to UWGNH)      <input type="radio"/> Cash</p> <p><input type="radio"/> Credit/Debit Card</p> <p><input type="checkbox"/> Monthly \$ _____      <input type="checkbox"/> One time \$ _____</p> <p>_____ card number _____ exp. date _____</p> <p><b>Total Annual Donation \$ _____</b></p> <p><i>For securities or stock transfers, please call 203-691-4219</i></p>
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Donations of \$1,000 or more qualify for recognition in the Leadership Circle. (For more information, see the back of the form.)

Please list my/our name(s) as: \_\_\_\_\_  I prefer to remain anonymous.

INVESTMENT OPTIONS

3

## CHOOSE HOW YOU WOULD LIKE TO INVEST YOUR ANNUAL DONATION IN YOUR COMMUNITY:

<p><input type="checkbox"/> <b>UNITED WAY COMMUNITY FUND</b> \$ _____</p> <p>The Community Fund supports a variety of programs and initiatives that create lasting change in our region in education, income stability and health/basic needs.</p> <p>A contribution to the Community Fund is the most powerful way to invest in your community.</p>	<p><input type="checkbox"/> <b>EDUCATION \$ _____</b></p> <p>Help children and youth achieve their potential through education.</p> <p><input type="checkbox"/> <b>BOOST! \$ _____</b></p> <p>Partner with schools and community programs to offer students academic supports, health, and social services needed for success in school and for life.</p> <p><input type="checkbox"/> <b>SUCCESS BY 6® \$ _____</b></p> <p>Improve access to quality child care and early learning opportunities.</p> <p><input type="checkbox"/> <b>EXPERIENCE CORPS \$ _____</b></p> <p>Put the wisdom of older adults to work as volunteer literacy tutors.</p>	<p><input type="checkbox"/> <b>INCOME \$ _____</b></p> <p>Help families become financially stable and independent.</p> <p><input type="checkbox"/> <b>SAM \$ _____</b> (Smart About Money)</p> <p>Help people make progress toward their financial goals with the help of trained volunteer budget coaches.</p>	<p><input type="checkbox"/> <b>HEALTH \$ _____</b></p> <p>Help people become physically and mentally healthy.</p> <p><input type="checkbox"/> <b>BASIC NEEDS \$ _____</b></p> <p>Help people meet their basic needs of food and housing.</p>
<p><input type="checkbox"/> <b>OPTIONAL CHOICE \$ _____</b></p> <p>You may choose to make a contribution to a qualified 501(c)3 organization with a minimum annual donation of \$100 per agency.</p> <p>_____ Agency Name _____ City _____ State _____</p>			

SIGNATURE

4

## PLEASE SIGN AND DATE:

\_\_\_\_\_  
Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**I AM INTERESTED IN LEARNING ABOUT:**

Women's Initiative     Volunteering     Planned Giving

**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!** UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513 (203) 772-2010 UWGNH.ORG **THANK YOU!**

PLEASE FORWARD COMPLETED FORMS TO YOUR DEPARTMENT COORDINATOR OR PAYROLL DEPARTMENT