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MR/MRS/MS/DR FIRST NAME MI LAST NAME HOME PHONE
HOME ADDRESS (For credit card charges and bill me options, you must provide your billing address.) CITY STATE ZIP
COMPANY NAME EMPLOYEE ID NUMBER DAYTIME PHONE

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PLEASE INVEST IN OUR COMMUNITY

UNITED WAY COMMUNITY CAMPAIGN Please use my contribution where it is most needed.

AMOUNT \$

I want to support the United Way Community Campaign because I know that education, income and health are the building blocks for a good life. My gift to Community Investment will help children succeed in school and beyond, will help lower-income working families become financially stable and ensure a safety net of health and human services for all of us.

Yes, I want to advance the common good by supporting the United Way Community Campaign!

I want my contribution to benefit all partner agencies except:

THANK YOU! YOUR PLEDGE IS COMPLETE - PLEASE SELECT YOUR METHOD OF INVESTING BELOW (#3).

Optional - You may want to select an interest area.

EDUCATION Preparing children to succeed in school and life
INCOME Promoting financial stability and independence
SAFETY NET Ensuring people have access to basic needs
HEALTH Community Health Charities Improving people's health

If you choose more than one area, your contribution will be divided equally among the areas you choose.

Optional
NEIGHBORHOOD ARTS AND HERITAGE Diversity through arts and culture programs
OTHER I want to give to a specific non-profit organization which I have written below:\*

AGENCY NAME, ADDRESS AND PHONE NUMBER (OR AGENCY CODE) Please see reverse for more details.

PLEASE CHECK HERE IF YOU WANT TO BE ACKNOWLEDGED BY THE AGENCY YOU HAVE DESIGNATED.

\*United Way sends your contribution with your name and address to the agency you listed above. If the designated agency cannot be located or it is not an IRS qualified 501(c)(3) organization, every reasonable attempt to contact you will be made before redirecting your donation to the United Way Community Campaign.

THANK YOU! We couldn't do it without you!
You are a great example of how to LIVE UNITED and be a part of real, lasting change in our communities.

TOTAL GIFT \$

YES, I want to see how my contribution is making a difference!

PERSONAL EMAIL ADDRESS:

I have been a loyal contributor to the United Way Community Campaign since
My leadership gift or combined household gift of \$1,000 or more qualifies me for membership in the Constitution Society. Spouse Gift Amount
Spouse name: Employer:
Please list my/our name(s) as follows: Check here if you want your gift to remain anonymous.

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PLEASE SELECT YOUR METHOD OF INVESTING

EASY PAYROLL DEDUCTION
I authorize my employer to deduct my total annual contribution from my paycheck in equal amounts.
\$ per pay period
X # of pay periods
=\$ TOTAL AMOUNT

CHECK
Enclosed is my check payable to the United Way Community Campaign.
\$ TOTAL
CHECK #
SECURITIES
Please call United Way to transfer funds, at (860) 493-6847.
\$ TOTAL

HOME ADDRESS REQUIRED FOR THESE PAYMENT OPTIONS
CREDIT CARD OR BILL ME Please charge/bill me: \$
One time only - processed upon receipt by United Way
In equal payments starting March 2011
Monthly Quarterly
VISA MC AMEX Discover
CARD NUMBER
Exp. / /
NAME ON CARD

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# United Way Advancing the Common Good

Creating opportunities for self-sufficiency and a good life for all by focusing on:

## EDUCATION

Preparing children to succeed in school and life

- Improve school readiness
- Academic achievement
- Leadership skills
- Parent education & support

## INCOME

Promoting financial stability and independence

- Literacy
- Training & job placement support
- Access to income supports
- Financial literacy education

## SAFETY NET

Ensuring people have access to basic needs

- Information & referral
- Food, clothing & shelter
- Counseling
- Disaster preparedness & response

## HEALTH

Improving people's health

- Finding cures
- Prevention & health education
- Wellness programs
- Treatment services

One gift advances the common good by providing a better life for all.

# LIVE UNITED<sup>®</sup>



**TO LEARN MORE ABOUT THE UNITED WAY COMMUNITY CAMPAIGN, VISIT [UNITEDWAYINC.ORG](http://UNITEDWAYINC.ORG)**

**QUESTIONS?** Contact your company coordinator, or call the United Way Community Campaign Helpline at 860-493-6895.

**YOUR MONEY GOES FURTHER** The United Way Community Campaign had fundraising and related expenses of just 14.5% in fiscal year 2009, compared with the Better Business Bureau's acceptable standard of up to 35%.

### OPTIONAL DESIGNATED GIFTS

You may designate a portion or all of your gift to any qualified not-for-profit organization recognized as a 501(c)(3) by the Internal Revenue Service. You must include the agency's name, address, and phone number. Please note that such restricted gifts are not monitored by United Way or Community Health Charities. For a list of local United Way and Community Health Charities partner agencies, please visit [unitedwayinc.org/partners](http://unitedwayinc.org/partners).

### HOW YOUR CONTRIBUTIONS ARE DISTRIBUTED

**PAYROLL DEDUCTION CONTRIBUTIONS** will be distributed directly to designated agencies in April, July, October, and December 2011, and March and June 2012, if proceeds and pledge details are received by United Way on or before the end of the month preceding payout.

**DESIGNATED CONTRIBUTIONS** through the United Way Community Campaign are subject to a 10% fee (includes administration and fundraising costs), capped at \$100 per designated gift (assessed on a pro-rata basis upon gift proceeds received). No fees are deducted by United Way from contributions to Community Health Charities (CHC) or its member charities; CHC deducts its own administrative fee. Check, credit card, or stock pledge payments will be distributed to designated agencies by February 28, 2011, if proceeds and pledge details are received by United Way on or before December 31, 2010.

**UNDESIGNATED CAMPAIGN PLEDGES** will be distributed through United Way and Community Health Charities as agreed by both organizations.

**Thank you for your contribution!** 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.