

# 1 United Way Community Campaign

# LIVE UNITED



30 Laurel Street, Hartford, CT 06106

unitedwayinc.org

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

PERSONAL E-MAIL ADDRESS

# 2 PLEASE INVEST IN OUR COMMUNITY

**UNITED WAY COMMUNITY INVESTMENT** YES, please use my contribution where it is needed most.

AMOUNT \$ \_\_\_\_\_

**THANK YOU!**

TO SELECT ONE OR MORE COMMUNITY INVESTMENT INTEREST AREAS, CHECK BELOW. See reverse for an explanation of the interest areas.

EDUCATION

INCOME

SAFETY NET

HEALTH

Community Health Charities of New England

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

I want my contribution to benefit all Community Investment partner agencies except: \_\_\_\_\_

## OTHER

NEIGHBORHOOD ARTS AND HERITAGE — Diversity through arts and culture programs

AMOUNT \$ \_\_\_\_\_

DIRECT YOUR CONTRIBUTION TO AN AGENCY OF YOUR CHOICE:\*

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

AMOUNT \$ \_\_\_\_\_

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

\*United Way values the intent of your gift. If we cannot locate your designated agency, or if it is not an IRS qualified 501(c)(3) organization, we will make every reasonable attempt to contact you for guidance before redirecting your contribution to United Way Community Investment. If you would like to be acknowledged by your designated agency, please check the box above.

# THANK YOU!

TOTAL GIFT \$ \_\_\_\_\_

## LEADERSHIP GIVING AND OTHER INFORMATION

Please send me information about United Way's Young Leaders program for those under age 40.  Please send me information about United Way's Women's Leadership Council.

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/Partner Gift Amount \_\_\_\_\_

Spouse/Partner name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

# 3 PLEASE SELECT YOUR METHOD OF INVESTING

PAYROLL DEDUCTION

I WILL CONTRIBUTE \$ \_\_\_\_\_ PER PAY PERIOD

I receive my paycheck:

- Weekly (52/year)
- Every Two Weeks
- Semi-Monthly (24/year)
- Monthly

I authorize my employer to deduct my total annual contribution from my paycheck in equal amounts.

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.

\$ \_\_\_\_\_ (Approx. value)

CREDIT CARD OR  BILL ME

One time \$ \_\_\_\_\_ processed upon receipt by United Way

Monthly \$ \_\_\_\_\_ per month (starting March 2012)

Quarterly \$ \_\_\_\_\_ per quarter (starting March 2012)

VISA  MC  AMEX  Discover

CREDIT CARD NUMBER

EXP. DATE

NAME ON CARD

PHONE #

HOME ADDRESS REQUIRED FOR THESE PAYMENT OPTIONS

# 4 SIGNATURE (REQUIRED)

DATE

FRID ID # \_\_\_\_\_  
(for Campaign use only)

White Copy - United Way

Yellow Copy - Company

Pink Copy - Employee

08190  
0511-95K-01

## How United Way Advances the Common Good

United Way works to create opportunities for a better life for all. We focus 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
- Improving access to income supports (such as tax credits)
- Financial education

### SAFETY NET

Ensuring our neighbors'  
basic needs are met

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

### HEALTH

Community Health Charities  
of New England (CHCofNE)  
Improving people's health

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

One gift to United Way *Community Investment* advances the common good by providing a better life for all.

# LIVE UNITED



**TO LEARN MORE AND FIND OUT HOW YOU CAN GET INVOLVED, VISIT UNITEDWAYINC.ORG**

QUESTIONS? Contact your company coordinator, visit [unitedwayinc.org/DonorFAQ](http://unitedwayinc.org/DonorFAQ), 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 13.9% in fiscal year 2010, compared with the Better Business Bureau's accountability 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 of New England (CHCofNE). For a list of local United Way and CHCofNE 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 2012, and March and June 2013, if proceeds and pledge details are received by United Way on or before the end of the month preceding payout.

**CONTRIBUTIONS DESIGNATED TO AGENCIES** 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 CHCofNE or its member charities; CHCofNE deducts its own administrative fee. Check, credit card, or stock pledge payments will be distributed to designated agencies by February 28, 2012, if proceeds and pledge details are received by United Way on or before December 31, 2011. Gifts to United Way *Community Investment* are monitored by experienced volunteers.

**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.

