



REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™



United Way of Greater New Haven

MR/MRS/MS/DR FIRST NAME MI LAST NAME  
 HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY  
 STATE ZIP HOME PHONE DAYTIME PHONE  
 COMPANY NAME UPI.

- Enroll me in the United Way Loyal Contributors Program**  
I have been contributing to United Way for 10+ years.
- Young Leaders Society**  
I am under 40 and give \$500 or more to United Way. Please enroll me in the Young Leaders Society. (see uwgnh.org for information about the Society)

YOU CAN MAKE YOUR PLEDGE ONLINE AT: WWW.YALE.EDU/UNITEDWAY OR COMPLETE THIS FORM.

**Want to see how your contribution is making a difference?** Please share your home email address so we can show you how your contribution is making a difference and share opportunities for you to give, advocate and volunteer throughout the year.

HOME EMAIL ADDRESS

PLEASE SELECT PAYMENT METHOD.

**EASY PAYROLL DEDUCTION**

My total annual gift

AMOUNT \$

A. I want to contribute the following amount each pay period:

- \$50  \$25  \$10  \$5

Other \$

B. I pledge % of my salary, for a total gift of \$

**DIRECT GIFT**

AMOUNT \$

Direct gift to be paid by:

- Cash
- Personal check (enclosed)
- Securities (please call 203-691-4219 when you are ready to transfer funds)

**BILL ME**

AMOUNT \$

(\$48 MINIMUM)

- One time  quarterly

other beginning 20 (month) (year)

A home address is required for direct billing.

**CREDIT CARD**

AMOUNT \$

- VISA  MasterCard  Discover  AMEX

card number

- One time  Quarterly

exp. date cvv no.

**MY GIFT OF \$1,000 OR MORE** qualifies me for membership in the Leadership Circle. My name should be listed as it appears above or:

- Please list my/our name(s) as follows:
- I prefer that my gift remain anonymous.

PLEASE TELL US HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

**UNITED WAY COMMUNITY FUND** The most powerful way to invest your contribution

AMOUNT \$

**EDUCATION** Helping children and youth achieve their potential through education

AMOUNT \$

**SUCCESS BY 6** A UWGNH initiative to help young children begin school ready to succeed

AMOUNT \$

**INCOME** Helping families become financially stable and independent

AMOUNT \$

**THE CENTER FOR WORKING FAMILIES** United Way and its community partners have created a one-stop learning and support center to help local families achieve financial stability and success

AMOUNT \$

**HEALTH** Helping people become healthy and connected to their community

AMOUNT \$

**THE COMMUNITY FUND FOR WOMEN AND GIRLS** United Way supports this Community Foundation for Greater New Haven fund, which addresses core issues affecting women and girls in the region

AMOUNT \$

**DESIGNATED CONTRIBUTION** We encourage you to choose a local program focused on education, income or health so that your contribution works with United Way investments to reduce education and economic disparity in our region.

AMOUNT \$

AGENCY NAME AND ADDRESS (OR AGENCY CODE)

Please return your completed Pledge Form to:  
Yale United Way Campaign, 71 Orange Street New Haven, CT 06510

TOTAL GIFT \$

Signature

Date

THANK YOU!

WWW.UWGNH.ORG

WWW.YALE.EDU/UNITEDWAY

THANK YOU!

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.