



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 LAST NAME M F

HOME ADDRESS (For credit card charges, address listed must be your billing address.) CITY

STATE ZIP HOME PHONE DAYTIME PHONE

YALE UNIVERSITY COMPANY NAME UPI

Enroll me in the United Way *Loyal Contributors Program*  
I have been contributing to United Way for 10+ years.

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

Please share your home email address to learn how your contribution is making a difference, share opportunities for you to give, advocate and volunteer throughout the year and receive Caring Club updates.

HOME EMAIL ADDRESS

MY TOTAL ANNUAL GIFT: AMOUNT \$

PAYROLL DEDUCTION  
I want to contribute the following amount each pay period:  
 \$50  \$25  \$10  \$5  
 Other \$

DIRECT GIFT  
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  
(\$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 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 \$

EXPERIENCE CORPS An award-winning national program for people 55 or older to use their time, talents and life experience to help young children learn to read AMOUNT \$

INCOME Helping families become financially stable and independent 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 Please 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.

WHITE COPY - UNITED WAY YELLOW COPY - EMPLOYER PINK COPY - DONOR/TAX RECORD