



Giving as little as \$5 per paycheck can help hardworking ALICE households.

Of my total gift above, please provide \$ \_\_\_\_\_to the agency designated above.

Together, we can build a stronger, more resilient community where every person is healthy, safe, and economically secure.

Serving the Cities of Bridgeport, Danbury, Norwalk, and Stamford, and the Towns of Bethel, Bridgewater, Brookfield, Darien, Easton, Fairfield, Kent, Monroe, New Canaan, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, Stratford, Trumbull, Warren, Washington, Westport, Wilton, and Weston

PLEASE ENSURE THAT YOUR GIFT IS PROCESSED CORRECTLY BY PRINTING	CLEARLY.					
PLEASE PROVIDE YOUR INFORMATION:						
EMPLOYEE ID# (LENGTH OF ID NUMBER	S MAY VARY BY COMPANY)					
PREFIX FIRST NAME	M.I. LAST NAME			SUFFIX		
PERSONAL EMAIL ADDRESS (SO WE CAN THANK YOU AND KEEP YOU INFORMED ABOUT YOUR INVESTMENT OF THE PROPERTY OF THE	MENT)					
HOME STREET ADDRESS	APARTI	MENT NUMBER C	CITY			
STATE ZIP CODE EMPLOYER			HOME TELEPHONE	<b>!</b>		
PLEASE CHOOSE TOTAL ANNUAL GIFT AMOUNT AND METHOD OF PA	YMENT:					
My Total Annual Gift = \$			ISIDER A LEADERSHIP ( 000 OR MORE	GIVING ASSOCIATION		
O EASY PAYROLL DEDUCTION	:	O CREDIT O	CARD (We accept: VISA	MASTERCARD AMEX)		
My pay period is (number of times paid per year):			CARD#			
○ Weekly (52) ○ Bi-weekly (26) ○ Semi-monthly (24) ○ Monthly (12) ○ Other	-					
I want to contribute the following per pay period:	OR	EXPIRATION DATE	(MM-YY) Please specify:	ONE-TIME CREDIT CARD PAYMEN		
\$100 \$50 \$25 \$15 \$5 Other \$		-	OR (	MONTHLY INSTALLMENTS		
PERSONAL CHECK (please attach check and make payable to United Way of Coas	tal and Western CT)	BILLING ZIP CODE	_	BEGINNING MONTH-YEAR**		
O SECURITIES (for more information, please contact United Way's Securities Coordinat	tor at 203-792-5330)					
			**This au	(MM-YY) Ithorization may be canceled at any time		
Please do not forget to enter your total gift amount above.				fying United Way at 203-792-5330		
PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY:						
	Prefer to focus	your investme	ent on a specific impac	ct area? Select below.		
○ I want to UPLIFT ALICE HOUSEHOLDS	O EARLY CARE &	EDUCATION - su	pport early development for life	long learning and future success		
Invest in building a community where every person is	CRITICAL NEED	OS — Empower famil	lies to achieve financial stability	during times of crisis		
healthy, safe, and economically secure.						
Check this box to support our Critical Needs Fund and all impact areas.	O HEALTH & FOO	○ HEALTH & FOOD —Tackle Food Insecurity and promote healthier lives and stronger communities				
	YOUTH SUCCE	SS — Create opportu	unities for youth to succeed from	m cradle to career		
A DI FASE SIGN AND DATE SIGNATURE		D	ATE (BABA/DD (VVVVV)			
PLEASE SIGN AND DATE SIGNATURE Please check the accuracy of your entries. United V	Vay does not sell, trade or		ATE (MM/DD/YYYY) personal information. Thank yo	ou!		
Single Agency— You may direct your gift to a specific agency.						
A 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annu						
with a maximum of three designations. Restricted pledges below this amount will be distributed through	n United way's Community in	npact Fund.	EIN			
			United Way will honor donor or any 501(c)(3) entity.	r designations to any United Way and/		
ENTITY (FULL NAME)				not in compliance with 501(c)(3) status		
			or the USA Patriot Act and of will distribute the funds via t	ther counter-terrorism laws, United Way he Community Impact Fund.		
ADDRESS						
CITY	STATE	ZIP CODE				

 Check here if you do not want us to release your name to the agency or receive their personal thank you.