

2020 UNITED WAY COMMUNITY CAMPAIGN

30 Laurel Street, Hartford, CT 06106 | 860.493.6800 | unitedwayinc.org
Please complete and return to your company or mail to the address above.



United Way of Central and Northeastern Connecticut

1 PLEASE PROVIDE INFORMATION IN THE SPACE BELOW:

| | | | | |
|---|------------|------------------|---------------------------|----------------------|
| MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME | BIRTH DATE (MM/YYYY) |
| HOME ADDRESS (For credit card charges and bill me options, your billing address is required.) | | | CITY/STATE/ZIP | |
| COMPANY | | COMPANY LOCATION | EMPLOYEE ID NUMBER | |
| PERSONAL EMAIL | | WORK EMAIL | | |
| HOME PHONE | WORK PHONE | MOBILE PHONE | PREFERRED FORM OF CONTACT | |

2 I CHOOSE TO IMPROVE LIVES IN THIS WAY:

YES, I WANT TO FIND THE BEST WAY by making the biggest impact locally and support all United Way priority areas.
AMOUNT \$ _____

OR **I CHOOSE TO TARGET MY GIFT TO ONE OR MORE OF THE FOLLOWING PRIORITY AREAS:**

| | |
|--|-----------------|
| <input type="checkbox"/> YOUTH SUCCESS Ensure young people graduate high school on time, prepared for college and career | AMOUNT \$ _____ |
| <input type="checkbox"/> ECONOMIC MOBILITY Help families get on the pathway to a financially secure future | AMOUNT \$ _____ |
| <input type="checkbox"/> ACCESS TO HEALTH Invest in healthier beginnings and healthier lives | AMOUNT \$ _____ |
| <input type="checkbox"/> BASIC NEEDS Provide people with immediate, emergency assistance such as food and shelter | AMOUNT \$ _____ |
| <input type="checkbox"/> UNITED WAY COVID-19 FUND We provide ongoing support to individuals and families impacted by COVID-19 | AMOUNT \$ _____ |

UNITED WAY MEMBERSHIP OPPORTUNITIES I would like to **JOIN/RENEW** the following membership(s):

| | |
|---|-----------------|
| <input type="checkbox"/> WOMEN UNITED® (An additional gift of \$50, \$250, \$500 or \$1,000 qualifies you for membership.) | AMOUNT \$ _____ |
| <input type="checkbox"/> EMERGING LEADERS SOCIETY (A gift of \$50 or more to United Way qualifies you for membership.) | AMOUNT \$ _____ |

OPTIONAL DIRECTED GIFT

Direct your gift to another qualified not-for-profit organization. AMOUNT \$ _____
Organization Name, Address, phone number. Please see reverse for more details.

Please check here if you want to be acknowledged by the organization to which you have directed a gift.

3 PLEASE CHOOSE TOTAL GIFT AMOUNT AND METHOD OF GIVING

MY TOTAL ANNUAL GIFT = \$

PAYROLL DEDUCTION
I authorize my employer to deduct my total annual gift from my paycheck in equal amounts. I will contribute \$ _____ per pay period.

I receive my paycheck: WEEKLY (52/YEAR) EVERY TWO WEEKS (26/YEAR) SEMI-MONTHLY (24/YEAR) MONTHLY

CREDIT/DEBIT CARD **BILL ME BY MAIL** **BILL ME BY EMAIL**
Home address and email required above.

ONE TIME \$ _____ PROCESSED UPON RECEIPT BY UNITED WAY
 MONTHLY \$ _____ PER MONTH (STARTING MARCH 2021)
 QUARTERLY \$ _____ PER QUARTER (STARTING MARCH 2021)

VISA MC AMEX DISCOVER
 CREDIT/DEBIT CARD NUMBER _____ EXP DATE _____
 NAME ON CARD _____ PHONE _____

CHECK **OR** **CASH** Enclosed is my check payable to the United Way Campaign

TOTAL \$ _____ CHECK # _____ SECURITIES: PLEASE CALL UNITED WAY TO TRANSFER FUNDS AT 860.493.6810

My leadership gift or combined household gift of \$1,000 or more qualifies me for membership in United Way's Constitution Society.
 Spouse/Partner gift AMOUNT \$ _____ Spouse/Partner name: _____
 Employer: _____
 Please list my/our name(s) as follows: _____ I/We wish to remain anonymous in any United Way publications or publicity.

I'm interested in learning more about United Way Philanthropy Fund
I have been a loyal contributor to United Way since (yyyy): _____
 I am interested in learning more about United Way's Donor Advised Fund

4 YOUR SIGNATURE

X _____ DATE _____
YOUR SIGNATURE IS REQUIRED FOR PAYMENT

THANK YOU FOR YOUR GIFT! TOGETHER, WE LIVE UNITED. GIVE TODAY.

No goods or services were provided in exchange for this contribution.

For more information, please visit unitedwayinc.org/about-us/financials

LEARN MORE AND GET INVOLVED!

Call us at 860.493.6800 or visit unitedwayinc.org

 facebook.com/unitedwayinc

 [@unitedwayinc](https://www.instagram.com/unitedwayinc)

 [@unitedwayinc](https://twitter.com/unitedwayinc)

ABOUT YOUR GIFT

Please keep a copy of this form for your tax records. Consult your tax advisor for more information.

HOW YOUR CONTRIBUTIONS ARE DISTRIBUTED

Contributions directed to organizations through United Way are subject to a 10 percent fee (includes administration and fundraising costs), capped at \$100 per directed gift (assessed on a pro-rated basis upon gift proceeds received); with the exception of donations made through Salesforce Philanthropy Cloud (SPC). For donations made through SPC, contributions directed to organizations through United Way are subject to a five percent fee (includes administration and fundraising costs), capped at \$250 per directed gift.

Contributions will be distributed directly to designated organizations on an ongoing basis if proceeds and pledge details are received by United Way on or before the end of the month preceding payout.

OPTIONAL DIRECTED GIFTS

United Way of Central and Northeastern Connecticut is honored to partner with your employer in helping employees give back to issues they care about. If you direct 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 that is Patriot Act compliant, please include the name, address and phone number of the organization.

If we cannot locate your directed organization, or if it is not an IRS qualified 501(c)(3) organization, or it does not meet above requirements, we will make every reasonable attempt to contact you. If we cannot reach you, your gift will go to United Way of Central and Northeastern Connecticut. Please note that designated gifts are not monitored by United Way of Central and Northeastern Connecticut.



United Way of Central and
Northeastern Connecticut