

# Summer Reading Pledge

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Town: \_\_\_\_\_

Phone: \_\_\_\_\_

I am a parent or caregiver of a child under 8 years old.

**How many minutes will you read every day this summer?**

10    20    30    45    60 (circle one)

For how many children are you pledging? \_\_\_\_\_

Please return to:  
United Way  
attn: Mark Olynciw  
30 Laurel Street  
Hartford, CT 06106



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