



### Donor Information

PREFIX     FIRST NAME     M.I.     LAST NAME     SUFFIX  
 STREET ADDRESS:  home address (preferred)  business address     APT. #  
 CITY     STATE     ZIP CODE    PHONE:  cell  home  work  
 EMAIL:  home  work *providing your e-mail helps United Way reduce postage expenses*  
 /  /  BIRTHDAY

For United Way Use Only

My Total Annual Gift Is:  .

### My Method Of Payment:

Payroll Deduction\*     .  Amount per pay period    X     # pay periods    =     .  Annual Payroll Gift  
 Personal Check (# \_\_\_\_\_) Attach check payable to United Way of Greater Waterbury     .   
 Cash     .   
 Bill Me\*\* (\$100 Minimum)     .   
 Stocks / Securities (details will be forwarded to you at email/address above)     .   
 Credit Card\*\* (\$50 Minimum / Visa, Mastercard and American Express)     .   
 CARD #     /  EXPIRATION DATE (MM/YY)     BILLING ZIP CODE     3 OR 4 DIGIT CVV #

**X** \_\_\_\_\_ **IMPORTANT: SIGN HERE**    \_\_\_\_\_ **DATE**     I wish all details of my gift to remain anonymous

**Thank you** for investing in United Way of Greater Waterbury's proven strategies in the areas of Education, Financial Stability, and Basic Needs. The collective impact of the 39 Programs and 20 Initiatives United Way invests human and financial capital in is made possible through your support!

\*Payroll Deductions Begin January 2023

\*\*Billing Address Required Above

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**OPTIONAL: Tell Us About You / Your Interests**

- I am interested in [volunteering](#)  
 I am interested in joining [Emerging Leaders](#) (20 to 40 Years Old)  
 I am interested in joining [Women United](#)  
I am a [loyal contributor](#) of United Way and have given regularly:  10 years or more  25 years or more  
 Please send me information on United Way of Greater Waterbury's [endowment and planned giving](#) opportunities

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**OPTIONAL: I wish to restrict my gift to United Way of Greater Waterbury as follows:**

- Education:** Early Care and Positive Youth Development  
 **Financial Stability:** Job Training, Employment Opportunities, and Income Supports  
 **Basic Needs:** Healthcare (physical/behavioral), Housing, and Food

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**OPTIONAL: I wish to restrict a portion of my gift (\$52 or more) to the non-profit organization(s) with 501(c)(3) status as I have listed below.**

A	<input type="text"/> **NON-PROFIT AGENCY NUMBER	<input type="text"/> NON-PROFIT (FULL NAME)	<input type="text"/> STREET ADDRESS	<input type="text"/> CITY / STATE / ZIP	<input type="text"/> TOTAL DESIGNATION *MIN. \$52.00
B	<input type="text"/> **NON-PROFIT AGENCY NUMBER	<input type="text"/> NON-PROFIT (FULL NAME)	<input type="text"/> STREET ADDRESS	<input type="text"/> CITY / STATE / ZIP	<input type="text"/> TOTAL DESIGNATION *MIN. \$52.00
C	<input type="text"/> **NON-PROFIT AGENCY NUMBER	<input type="text"/> NON-PROFIT (FULL NAME)	<input type="text"/> STREET ADDRESS	<input type="text"/> CITY / STATE / ZIP	<input type="text"/> TOTAL DESIGNATION *MIN. \$52.00

*\*All designations less than \$52 will be invested locally through the United Way of Greater Waterbury*

*\*\*Non-Profit Agency Codes are available at [bit.ly/UWGWCodes](http://bit.ly/UWGWCodes). If you cannot find your agency listed, please provide the agency's name and address (street, city and state)*