CONGRATULATIONS ON YOUR NEW HIRE!



(203) 757-9855 www.unitedwaygw.org

Please complete and return to your payroll department.

COMPANY			
PREFIX FIRST NAME	M.I. LAST NAME		SUFFIX
STREET ADDRESS: ☐ home address (preferred) ☐ b	usings address		APT. #
STREET ADDRESS Home address (preferred) b	usiness address		Ar I. #
CITY	STATE ZIP CODE	PHONE: [cell home work
EMAIL home work providing your e-mail helps U	Inited Way reduce postage	e expenses	
BIRTHDAY			For United Way Use Only
My Total Annual Gift Is:	•		WP-NHR
My Method Of Payment:			
☐ Payroll Deduction ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	er pay period X p	ay periods	Annual Payroll Gift
Personal Check (#) Attach check pa	ayable to United Way of G	reater Waterbury	
☐ Cash			
☐ Bill Me* (\$100 Minimum)			
$\hfill \Box$ Stocks / Securities (details will be forwarded	to you at email/addres	ss above)	
☐ Credit Card* (\$50 Minimum / Visa, Mastercar	d and American Expres	ss)	
CARD #	EXPIRATION DATE (MM/YY)	BILLING ZIP CODE	3 OR 4 DIGIT CVV #
Y		□ r	ich all dataile of mi
IMPORTANT: SIGN HERE			rish all details of my Tto 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 50+ programs and initiatives United Way strategically invests human and financial capital in is made possible through your generous support!

Congratulations on your new employment!

You can take pride in the fact that your new employer cares about you and the community in which you live and work.

Local health and human service programs benefit from the United Way Workplace Giving Campaign held at your place of employment. Your gift helps to alleviate homelessness, hunger, unemployment and provides children with education opportunities throughout the year.

United Way 2-1-1 - Your First Call For Help

2-1-1 is your one-stop connection to the local services you need, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention, and much more. 2-1-1 is always ready to assist you find the help you need. Dial 2-1-1 or search on-line at 211ct.org.

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 ☐ Please bill me for Women United Membership (\$100 minimum) 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
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
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.
**NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME) STREET ADDRESS CITY / STATE / ZIP TOTAL DESIGNATION *MIN. \$52.00 **NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME) STREET ADDRESS
CITY / STATE / ZIP TOTAL DESIGNATION *MIN. \$52.00
**NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME) STREET ADDRESS CITY / STATE / ZIP 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 www.unitedwaygw.org. If you cannot find your agency listed, please provide

the agency's name and address (street, city and state)