

UNITED WAY OF CENTRAL JERSEY  
Donation Form

First Name:

Last Name:

E-Mail:

Mailing Address:

City:

State:

Zip:

Telephone:

- I want my gift to help the most people. I want local volunteers to distribute my gift to provide help where the need is greatest.
- I want my gift to go to these tax-exempt agencies. A small processing fee will be deducted from gifts to non United Way agencies.

\$

\$

- Please have these agencies acknowledge my gift(s) at:  
 mailing address,  email address above.

- I want my gift to exclude one agency. I understand that my gift will go to all United Way of Central Jersey *except* the one listed here.

**Pledge Information**

This year I/we will give:

\$

- Please bill me at the address above:  
 Monthly  Quarterly  Semi-Annually  In Full
- Please charge my credit card  
 Visa  MasterCard  Amex

Card Number:

Expiration Date:  /

- My/our gift is \$500 or more. Please enroll me/us in United Way's Pacesetter Program for leadership giving.

Mail this form to :

United Way of Central Jersey, 32 Ford Avenue, Milltown, NJ 08850