REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED™

LIVE UNITED
United Way

United Way of Central Jersey
UWCJ.org

United Way of Central Jersey Pledge Form

MR/MRS/MS/DR FIRST NAME MI LAST NAME

HOME ADDRESS *(For credit card charges, name & address listed must be same as card.)* CITY

STATE ZIP HOME PHONE DAYTIME PHONE

COMPANY NAME - REQUIRED EMPLOYEE ID NUMBER - OPTIONAL

____Register me for the **United Way** *Loyal Contributors Program*
I have been contributing to United Way for _____ years.

____**I'd like to hear from United Way about how my contribution is getting results.**

Want to see how your contribution is making a difference? Please provide your home email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS

PLEASE SELECT PAYROLL DEDUCTION OR A DIRECT GIFT.

- **EASY PAYROLL DEDUCTION**

A. Amount per pay period: $

Number of pay periods/year: _____

Total annual gift: $

B. % of salary per pay period: _____

Total annual gift: $

- **ONE-TIME DIRECT GIFT**

$

Cash or personal check enclosed:_____

Credit Card: Go to www.uwcj.org/donate.htm

Securities gifts must be made by phone.
Please call Finance at 732 247-3727

- **MY GIFT OF $1,000 OR MORE ...** qualifies me for membership in the Thomas Edison Leadership Giving Society. My name will be listed as it appears above. Or, please list my name(s) as follows:

_____

_____

_____

I prefer that my gift remain anonymous _____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY (CHOOSE OPTION A OR B).

Option A

- **INFLUENCE THE CONDITION OF ALL. United Way Community Impact Fund.** $

The most powerful way to invest your contribution because volunteer specialists can invest in areas of greatest need.

Option B

- **EDUCATION** $ %__

Helping children and youth achieve their potential through education

- Improving access to quality child care and **early learning** opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

- **INCOME** $ %__

Helping families become financially stable and independent

- Supporting **basic needs** while increasing financial education
- Helping hard-working people obtain job training and **family-sustaining wages**
- Increasing affordable **housing** for **seniors** and families

- **HEALTH** $ %__

Improving People's Health

- Increasing access to **critical healthcare services**
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**

Signature *Date*

Thank you for investing in United Way.
Please check the accuracy of all your entries.

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

32 Ford Avenue, Milltown, NJ 08850 (Tel.) 732 247-3727 (Fax) 732 247-9855 www.uwcj.org

PLEASE RETURN A COPY OF SIGNED FORM