

United Way of Coastal and Western Connecticut

Giving as little as \$5 per paycheck can help hardworking ALICE households. Together, we can build a stronger, more resilient community where every person is healthy, safe, and economically secure.

Serving the Cities of Bridgeport, Danbury, Norwalk, and Stamford, and the Towns of Bethel, Bridgewater, Brookfield, Darien, Easton, Fairfield, Kent, Monroe, New Canaan, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sherman, Stratford, Trumbull, Warren, Washington, Westport, Wilton, and Weston

| | CLEARLY. | | | | | | |
|--|-----------------------------------|---|---|--|---------------------------------|--|--------------------------------|
| PLEASE PROVIDE YOUR INFORMATION: | | | | | | | |
| EMPLOYEE ID# (LENGTH OF ID NUMBER | S MAY VARY BY COMPANY) | | | | | | |
| | | | | | | | |
| PREFIX FIRST NAME | M.I. LAST NAME | | | | | SUFFI | (|
| | | | | | | | |
| PERSONAL EMAIL ADDRESS (SO WE CAN THANK YOU AND KEEP YOU INFORMED ABOUT YOUR INVESTMENT OF THE PROPERTY OF THE | AENI) | | | | | | |
| HOME STREET ADDRESS | APARTA | MENT NUMBER C | ITY | | | | |
| | | | | | | | |
| STATE ZIP CODE EMPLOYER | | | | OME TELEPH | ONE | | |
| PLEASE CHOOSE TOTAL ANNUAL GIFT AMOUNT AND METHOD OF PA | YMENT: | | | | | | |
| | | | | | | | |
| My Total Annual Gift = \$ | | PLEASE CON GIFT OF \$1,0 | | | P GIVIN | G ASSOCI | ATION |
| O EASY PAYROLL DEDUCTION | • | O CREDIT (| CARD (We ac | cept: VIS | A MAST | ERCARD | AMEX) |
| My pay period is (number of times paid per year): | | CARD # | | | | | |
| Weekly (52) Bi-weekly (26) Semi-monthly (24) Monthly (12) Other | • | | | | | | |
| I want to contribute the following per pay period: | OR | EXPIRATION DATE | (MM-YY) Plea | se specify: | ONE-TI | IME CREDIT | CARD PAYM |
| ○\$100 ○\$50 ○\$25 ○\$15 ○\$5 ○Other \$ | • | | | OR | O MONT | HLY INSTAL | LMENTS |
| OPERSONAL CHECK (please attach check and make payable to United Way of Coas | | BILLING ZIP CODE | | | BEGIN | INING MONTH | -YEAR** |
| SECURITIES (for more information, please contact United Way's Securities Coordina | tor at 203-792-5330) | | | | | | |
| Please do not forget to enter your total gift amount above. | : | | | | | (MM-YY) on may be can ted Way at 203 | |
| PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY: | | | | | | | |
| TEEAGE SHOOSE HOW TOO WANT TO INVEST IN TOOK SOMMONTH. | Prefer to focus | your investme | nt on a spe | cific imp | act area | a? Select | below. |
| ○ I want to UPLIFT ALICE HOUSEHOLDS | O EARLY CARE & | ○ EARLY CARE & EDUCATION — Support early development for lifelong learning and future success | | | | | |
| Invest in building a community where every person is | CRITICAL NEED | S — Empower famil | ies to achieve fi | nancial stat | ility durina | times of cris | is |
| healthy, safe, and economically secure. | | · | | | | | |
| Check this box to support our Critical Needs Fund and all impact areas. | O HEALTH & FOOI | | | | | _ | nmunities |
| | : O YOUTH SUCCES | SS — Create opport | unities for youth | to succeed | from cradle | to career | |
| | | | | | | | |
| DUEACE CICH AND DATE SIGNATURE | | D | ATF (MM/DD/Y | YYY) | | | |
| PLEASE SIGN AND DATE SIGNATURE Please check the accuracy of your entries. United V | Vay does not sell, trade or c | | ATE (MM/DD/Y | | k you! | | |
| Please check the accuracy of your entries. United V | Vay does not sell, trade or c | | • | | k you! | | |
| Please check the accuracy of your entries. United V | Vay does not sell, trade or o | | • | | k you! | | |
| Please check the accuracy of your entries. United very simple Agency— You may direct your gift to a specific agency. 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annum. | ıal donation of \$104 is require | disclose its donors' | personal inform | | k you! | | |
| Please check the accuracy of your entries. United very simple Agency— You may direct your gift to a specific agency. 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annum. | ıal donation of \$104 is require | disclose its donors' | personal inform | ation. Than | | | Inited West |
| Please check the accuracy of your entries. United W Single Agency— You may direct your gift to a specific agency. 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annut th a maximum of three designations. Restricted pledges below this amount will be distributed through | ıal donation of \$104 is require | disclose its donors' | personal inform | ation. Than | | ations to any l | Jnited Way ar |
| Please check the accuracy of your entries. United W Single Agency— You may direct your gift to a specific agency. 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annut th a maximum of three designations. Restricted pledges below this amount will be distributed through | ıal donation of \$104 is require | disclose its donors' | EIN United Way or any 501(c If your desig | will honor do | onor designa | ompliance wit | h 501(c)(3) st |
| Please check the accuracy of your entries. United Windle Agency — You may direct your gift to a specific agency. 10% processing fee on each designation will be deducted up to a maximum of \$100. A minimum annut that a maximum of three designations. Restricted pledges below this amount will be distributed through TITTY (FULL NAME) | ıal donation of \$104 is require | disclose its donors' | EIN United Wayror any 501(c If your desig | will honor do)(3) entity. nated agenc | onor designa ry is not in co | · | h 501(c)(3) st laws, United |
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| | ıal donation of \$104 is require | disclose its donors' | EIN United Wayror any 501(c If your desig | will honor do)(3) entity. nated agenc | onor designa ry is not in co | ompliance wit | h 501(c)(3) s laws, Unite |

Of my total gift above, please provide \$ _____to the agency designated above.

 Check here if you do not want us to release your name to the agency or receive their personal thank you.