

GREAT THINGS HAPPEN WHEN WE LIVE UNITED

LIVE UNITED



United Way
of Meriden and Wallingford

Print BOLDLY and legibly on this form using a BLUE or BLACK INK PEN.

PREFIX _____ FIRST NAME _____ M.I. _____ LAST NAME _____ SUFFIX _____

STREET ADDRESS: home address (preferred) business address _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER: home work cell _____

EMAIL home (preferred) work *Providing your e-mail helps United Way reduce postage expenses.*

COMPANY/ORGANIZATION NAME _____

My Total Annual Gift Is: _____ . _____

UnitedWayMW.org



My Method Of Payment:

Payroll Deduction _____ X _____ = _____
Amount per pay period # of pay periods Yearly payroll gift

Personal Check (# _____) Please attach check payable to **United Way of Meriden and Wallingford** _____ . _____

Cash _____ . _____
Me (\$100 Minimum and Home Address Required Above)

Credit Card (We accept VISA and MASTERCARD) _____ . _____

CARD # _____ EXPIRATION DATE (MM/YY) _____ BILLING ZIP CODE _____ 3 DIGIT CVV # _____

X

IMPORTANT: SIGN HERE _____

DATE _____

I wish for all details of my gift to remain anonymous

- I would like to learn more about United Way's work in: Education Financial Stability Basic Needs
- I have included United Way of Meriden and Wallingford in my estate plans.
- Please send me information on United Way of Meriden and Wallingford planned giving opportunities.
- I am a loyal contributor of United Way and have given regularly: 10 years or more 25 years or more

THANK YOU FOR YOUR GIFT!