

PLAY YOUR PART

CORPORATE CAMPAIGN GIFT CARD

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Total Gift \$ _____ Paid Now \$ _____ Balance Due \$ _____

Company Name: _____ Date: _____

Address: _____ Contact Name: _____

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Method of Payment

Check Enclosed Credit Card Please bill us: One Time Quarterly

Credit Card No. / Exp. / / / / / / / /

CVV# / / / / / / Billing Zip / / / / / / / /

Thank you** for investing locally through the United Way of Greater Waterbury. **Give. Advocate. Volunteer.

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