## CONGRATULATIONS ON YOUR NEW HIRE!



(203) 757-9855 www.unitedwaygw.org

## Please complete and return to your payroll department.

COMPANY		
PREFIX FIRST NAME	M.I. LAST NAME	SUFFIX
STREET ADDRESS: $\square$ home address (preferred) $\square$ busi	ness address	APT. #
CITY	STATE ZIP CODE PHONE: ☐ cell ☐	home □ work
		eee
EMAIL  home work providing your e-mail helps United Way reduce postage expenses		
BIRTHDAY		For United Way Use Only
BIRTIDAT		
My Total Annual Gift Is:	•	WP-NHR
	,	
My Method Of Payment:		
Payroll Deduction  Amount per p	X        X and $X            $ by periods $X         $	Annual Payroll Gift
Personal Check (#) Attach check paya	able to United Way of Greater Waterbury	
☐ Cash		
☐ Bill Me* (\$100 Minimum)		
☐ Stocks / Securities (details will be forwarded to	you at email/address above)	
☐ Credit Card* (\$50 Minimum / Visa, Mastercard a	and American Express)	
CARD #	EXPIRATION BILLING ZIP CODE 3 OR 4 DATE (MM/YY)	DIGIT CVV #
X	$\sqcap$ I wish all $\iota$	details of my
IMPORTANT: SIGN HERE		nain anonymous

**Thank you** for investing in United Way of Greater Waterbury's proven strategies in the areas of Education, Financial Stability, and Basic Needs. The collective impact of the 50+ programs and initiatives United Way strategically invests human and financial capital in is made possible through your generous support!

## Congratulations on your new employment!

You can take pride in the fact that your new employer cares about you and the community in which you live and work.

Local health and human service programs benefit from the United Way Workplace Giving Campaign held at your place of employment. Your gift helps to alleviate homelessness, hunger, unemployment and provides children with education opportunities throughout the year.

## United Way 2-1-1 - Your First Call For Help

2-1-1 is your one-stop connection to the local services you need, from utility assistance, food, housing, child care, after school programs, elder care, crisis intervention, and much more. 2-1-1 is always ready to assist you find the help you need. Dial 2-1-1 or search on-line at 211ct.org.

OPTIONAL: Tell Us About You / Your Interests		
☐ I am interested in volunteering ☐ I am interested in joining Emerging Leaders (20 to 40 Years Old) ☐ I am interested in joining Women United ☐ Please bill me for Women United Membership (\$100 minimum) I am a loyal contributor of United Way and have given regularly: ☐ 10 years or more ☐ 25 years or more ☐ Please send me information on United Way of Greater Waterbury's endowment and planned giving opportunities		
OPTIONAL: I wish to restrict my gift to United Way of Greater Waterbury as follows:  Education: Early Care and Positive Youth Development Financial Stability: Job Training, Employment Opportunities, and Income Supports Basic Needs: Healthcare (physical/behavioral), Housing, and Food		
<b>OPTIONAL:</b> I wish to restrict a portion of my gift (\$52 or more) to the non-profit organization(s) with 501(c)(3) status as I have listed below.		
**NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME)  STREET ADDRESS  CITY / STATE / ZIP  TOTAL DESIGNATION  *MIN. \$52.00  **NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME)  STREET ADDRESS		
CITY / STATE / ZIP  TOTAL DESIGNATION  *MIN. \$52.00		
**NON-PROFIT AGENCY NUMBER NON-PROFIT (FULL NAME)  STREET ADDRESS  CITY / STATE / ZIP  TOTAL DESIGNATION		
*MIN. \$52.00  *All designations less than \$52 will be invested locally through the United Way of Greater Waterbury  **Non-Profit Agency Codes are available at www.unitedwaygw.org. If you cannot find your agency listed, please provide		

the agency's name and address (street, city and state)