



More than 125 health and human service nonprofit organizations will benefit when you give through the 2003 United Way Community Campaign. You may choose to direct your gift to Community Care, Targeted Care or Specific Care (*see back for descriptions*). Your gift is multiplied when combined with the gifts of others, making a greater impact on our community. **Thank you!**

Yes! Here is my gift to help people in my community:

Total Pledge Amount: \$ _____

Payment Method:

- I have enclosed my check payable to *United Way Community Campaign* in the amount of: \$ _____.
 - Bill me (for payment in cash or securities)
 - Charge my (circle one) VISA, MasterCard, Discover, American Express
Card No. _____ Expiration Date: _____
Signature: _____
- For billing or credit card charges, please bill me as follows:
- One-time bill before December 31, 2003
 - Other: _____

Donors of \$1,000 or more receive recognition in *The Constitution Society* Roster of Members. Your gift is tax-deductible, based on the provisions of the law. Any questions about your pledge? Call the United Way Community Campaign Helpline at (860) 493-6895 or visit www.uwct.org.

Choose How Your Gift is Directed

 (If left blank, your pledge will be directed to Community Care.)

Community Care

Please use \$_____ of my total pledge to help the greatest number of people and support more than 125 health and human service agencies. My gift will be combined with other individual gifts in an effort to multiply my impact on the community. Experienced community volunteers review these agencies to ensure my gift is well spent.

- I want my gift to benefit all of the agencies except: _____

Targeted Care

Please use \$_____ of my total pledge to support the following critical areas of need. *(If more than one circled, gift will be divided equally.)**

- 01 Providing Basic Human Needs
- 02 Fostering Healthy and Safe Neighborhoods
- 03 Strengthening Families
- 04 Ensuring Children are Successful
- 05 Supporting Older People
- 06 Increasing Self-Sufficiency
- 07 Promoting Neighborhood Arts and Heritage
- 08 Community Health Charities of Connecticut



Specific Care

Please use \$_____ of my total pledge to support the following agency (or agencies).*

Agency Code #: _____ Amount \$ _____

Agency Code #: _____ Amount \$ _____

Agency Code #: _____ Amount \$ _____

Other Agency Name: _____

Address: _____

Telephone: _____ Amount \$ _____

- I would like my gift acknowledged by the agency(ies).

**Please see the brochure for targeted areas of care and list of partner agencies.*