



United Way of Southington

1. Personal Information

Mr. Mrs. Ms. Dr. (Please circle one)

Name: _____ M.I. _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Alt #: _____ E-Mail: _____

Company: _____

2. Giving Options

Direct my donation to the United Way of Southington

Additional Giving Options

-Agency Name: _____

-Address: _____

-Amount: \$ _____

3. Payment Options

Payroll Deduction

\$ _____ Gift per pay period, X _____ # of pay periods = \$ _____ Total Annual Gift

Enclosed Amount: (Please select) Cash Check

Stock Securities (*We'll contact you to complete this transaction*)

Security Name: _____ Approximate Value: _____

Brokerage Firm: _____ # of Shares: _____

TOTAL GIFT: \$ _____

By signing here, I authorize the processing of this pledge & payment option selected:

Signature

Date

My/spouse combined gift of \$250.00+ qualifies me/us for membership in the Leadership Giving Society.

Please list my/our names as follows:

No goods or services were given in exchange for this pledge.