REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL

LIVE UNITED®



United Way of West Central Connecticut

Prefi	ïx First Name	MI	Last I	Name
Hom	ne address (For credit card charges, address lis	ted must be your billing address)		
City		State Zip Code		Daytime Phone
Com	npany Name			
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LEAS	E SELECT ONE OF THE FOLLOWING	PAYMENT OPTIONS:		
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	nt to contribute the following each pay period 1\$20		e)	☐ MasterCard ☐ Visa ☐ American Express ☐ Discov Credit Card #
	n paid (times per year):	O DIRECT BILL (minimum of \$100)	Expiration Date Security Code
	Weekly (52) ☐ Biweekly (26)	AMOUNT \$		
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White: United Way copy Pink: Donor copy Yellow: Employer copy

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