



## JOIN OUR NETWORK

### ANNUAL DONATION LEVEL:

**YES, I would like to join or renew my commitment to United Way Women United and help improve life for ALICE and all.**

**Giving Circle** (\$1,000 and above ): \$\_\_\_\_\_  **Friend** (\$250 – \$999): \$\_\_\_\_\_

**Giving Circle Sustainer** (This is a 3-year commitment.): **Year 1:** \$500 | **Year 2:** \$750 | **Year 3:** \$1,000

### CONTACT INFORMATION:

Mrs./Ms./Dr. First Name MI Last Name

Home Address (For credit card charges, address listed must be your billing address.)

City State Zip

Home Phone Cell Phone Company Name

Personal Email Address

### PLEASE SELECT PAYMENT OPTION:

**Optional Giving Sustainer Member: \$500 / \$750 /\$1000**

*This is a 3-year commitment. You will be billed for year 1 now and then contacted again for donations in years 2 and 3.*

**I have enclosed my check. Make payable to United Way of Northern New Jersey.**

**I already gave at my workplace. Amount:**\_\_\_\_\_ **Company:**\_\_\_\_\_

**My pledge will be matched by my employer.**

**Please charge my credit card:**  **Visa**  **MC**  **AMEX**  **Discover**

**Total Gift of \$**\_\_\_\_\_ **Please charge:**  **All at Once** **OR**  **Quarterly** (Jan/April/July/Oct)

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### PLEASE RETURN GIFT AND FORM TO:

United Way of Northern New Jersey  
Women United  
P.O. Box 6835  
Bridgewater, NJ 08807

For questions, email [Michele.Dreiblatt@UnitedWayNNJ.org](mailto:Michele.Dreiblatt@UnitedWayNNJ.org) or call **973.993.1160, x128.**  
Visit [UnitedWayNNJ.org/WomenUnited](http://UnitedWayNNJ.org/WomenUnited) for more information.

