



**United Way of  
Hunterdon County**

4 Walter Foran Boulevard  
Suite 401  
Flemington, NJ 08822

Phone: 908.782.3414  
Fax: 908.782-6704  
info@uwhunterdon.org

Please print this form and complete the information and send it along with your payment to the address above.

**DONOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

If you would like your gift acknowledged via email, please provide it in the space below.

email: \_\_\_\_\_

**PAYMENT OPTIONS**

Please check the payment information below that applies to your donation.

I have enclosed my check made payable to United Way

I would like my pledge charged to my credit card (sign below)

Visa  Master Card  American Express

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please bill me (sign below)

Monthly  Quarterly  One-time billing Date \_\_\_\_\_

I would like further information on paying my pledge with the donation of stocks.

I would like further information on how I can leave a legacy to Hunterdon County by endowing my gift.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling 973.504.6215. Registration with the Attorney General does not imply endorsement.

**Help us, help you. Please take a moment to complete the survey on the following page.**

## SURVEY

To help the United Way of Hunterdon County in future planning, please tell us which four of the following you feel are the most important community needs? *(Check 4 only)*

- |   |   |
|---|---|
| <input type="checkbox"/> Aide to Homeless                 | <input type="checkbox"/> Physical Handicaps           |
| <input type="checkbox"/> Artistic/Cultural Programs       | <input type="checkbox"/> Prevention of AIDS           |
| <input type="checkbox"/> Child Care (Day Care, Tutoring)  | <input type="checkbox"/> Recreation/Physical Fitness  |
| <input type="checkbox"/> Child/Spouse Abuse               | <input type="checkbox"/> Race Relations               |
| <input type="checkbox"/> Emergency Information & Referral | <input type="checkbox"/> Respite/Hospice Care         |
| <input type="checkbox"/> Family/Individual Counseling     | <input type="checkbox"/> Services to the Elderly      |
| <input type="checkbox"/> Home Health Care                 | <input type="checkbox"/> Special Transportation Needs |
| <input type="checkbox"/> Illiteracy/Education             | <input type="checkbox"/> Substance Abuse Programs     |
| <input type="checkbox"/> Legal Aid for the                | <input type="checkbox"/> Teen Pregnancy Programs      |
| <input type="checkbox"/> Medical Services                 | <input type="checkbox"/> Youth Development Programs   |
| <input type="checkbox"/> Mental Illness/Handicaps         | <input type="checkbox"/> Other _____                  |

**THANK YOU!**