



THANK YOU FOR YOUR 2009-2010 SUPPORT

TOTAL PLEDGE: _____

AMOUNT PAID: _____

BALANCE DUE: _____

PLEASE BILL ME:

Quarterly Monthly Other: _____

Please charge my credit card:

Visa Mastercard American Express

Card # _____

Exp. Date _____

I designate \$_____ to Westfield through

payroll deduction at _____

SIGNATURE _____ DATE _____

EMAIL ADDRESS _____



YOU CAN NOW DONATE ONLINE AT WWW.WESTFIELDUNITEDFUND.ORG

Westfield United Fund
301 North Avenue West
Westfield, NJ 07090-1421
(908) 233-2113
FAX (908) 233-2177
contact@WestfieldUnitedFund.org

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

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

Thank You

**Your pledge helps to support these
18 Member Agencies of Westfield United Fund**

- American Red Cross
- Association for Retarded Citizens-ARC
- Boy Scouts
- Central Jersey Legal Services
- Cerebral Palsy League
- Community Access Unlimited
- Contact We Care
- Girl Scouts
- Jewish Community Center
- Jewish Family Service Agency
- Mobile Meals of Westfield
- Prevention Links
- Union County Psychiatric Clinic
- Visiting Nurse Services
- Westfield Community Center
- Westfield Day Care Center
- Westfield "Y"
- Youth and Family Counseling Service