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

LIVE UNITED™

United Way

United Way of Buffalo & Erie County Pledge Form

MR/MRS/MS/DR | FIRST NAME | MI | LAST NAME

HOME ADDRESS (For credit card charges, address listed must be your billing address.) | CITY

STATE | ZIP | WORK PHONE | HOME PHONE | EXTENSION

COMPANY NAME | EMPLOYEE NUMBER (IF APPLICABLE)

☐ I am a member of a Labor Union Union Name:

The United Way does not rent, trade or sell its lists of donors.

Want to see how your contribution is making a difference?

Please provide us with your personal email address.

We'll send you information about what your contribution is doing in our community, including success stories and more ways for you to get involved.

PERSONAL E-MAIL ADDRESS:

Please select payroll deduction or a direct gift.

☐ EASY PAYROLL DEDUCTION

A. I want to contribute the following amount each pay period:

☐ $50 ☐ $25 ☐ $10 ☐ $5 ☐ $2

Other $.

B. Number of pay periods:

☐ 52 ☐ 26 Other

Total Annual Gift (A x B): $.

☐ DIRECT GIFT

Amount $.

Direct gift to be paid by:

☐ Bill me: ☐ Monthly ☐ Quarterly

☐ Annually (month year)

☐ Cash

☐ Check (made payable to "United Way")

Check#: _____ Check Date: _____

☐ Automatic deductions from my bank account (You will be sent a separate form)

☐ Credit Card (You will be sent a separate form)

☐ Stock (You will be sent a separate form)

I have been a **United Way *Loyal Contributor***

for years.

I am interested in (check all that apply):

☐ Education
Making sure every child can succeed in school

☐ Income
Working toward financial stability and independence for all

☐ Wellness
Helping people stay well and connected

☐ MY GIFT OF $1,000 OR MORE qualifies me for membership in United Way *Leaders of Change*.

Signature _____ Date _____

For more information regarding United Way or to learn about volunteer opportunities in our community, go to www.uwbec.org.
If you have any questions or need assistance completing this pledge form, please contact United Way Customer Service at 716-887-2758 or customerservice@uwbec.org.

Optional

☐ I would like my gift to work in the following community:

AMOUNT $. UNITED WAY IN (CITY/STATE):

☐ Please direct this portion of my gift to a specific agency:

AMOUNT $. AGENCY NAME AND ADDRESS:

The agency must be a 501(c)3 public charity that provides direct health and human services. If you designate an ineligible agency we will make every effort to contact you. If we cannot reach you your gift will be directed to United Way's general fund. The expenses associated with processing donor designated pledges are recovered by an assessment for both fundraising and management and general fees based on actual historical costs in accordance with United Way of America Membership Standards as outlined in their publication titled "United Way of America Cost Deduction Requirements for Membership Standard M".

The United Way of Buffalo & Erie County does not provide goods or services as whole or partial consideration for your contribution. A copy of the most recent Annual Financial Report for the United Way of Buffalo & Erie County filed with the New York State Department of Law may be obtained at www.uwbec.org or by writing to either of the following: New York State Department of Law, Charities Bureau, 120 Broadway - 3rd Floor, New York, N.Y. 10271 or United Way of Buffalo & Erie County, 742 Delaware Avenue, Buffalo, N.Y. 14209

UW-09

Please make a copy of completed Pledge Form for your tax records. ***Thank you for investing in United Way.***