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

LIVE UNITED™

United Way

United Way *Leaders of Change* 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 | HOME PHONE | WORK 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.

☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ Other $.

☐ *Alexis de Tocqueville Society* (gifts of $10,000 or more annually)

I pledge my total gift of $. to be honored as follows:

- ☐ *Payroll deduction:* $. per pay for pay periods
- ☐ *Bill Me:* ☐ Monthly ☐ Quarterly ☐ Annually Month Year
- ☐ *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)
- ☐ *Payment Enclosed (made payable to "United Way")*
- ☐ *Please honor my pledge through my foundation or philanthropic fund (specify).*

_____

☐ I am interested in learning more about how I can leave a legacy in my community through planned giving.

☐ I/we wish to be recognized in United Way publications as follows:

NAME(S)

WORKPLACE (optional)

☐ I/we wish to remain anonymous.

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: Keeping people well and connected

Loyal Contributor

☐ I have been giving to any United Way for years.

Emerging Leaders Society

☐ I am in my 20's, 30's or 40's and my gift is:

☐ $1,000 or more annually ☐ $500 or more annually

To view member benefits at each level, visit www.uwbec.org

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 investments in community programs. 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

UWLOC-09

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