

# UNITED WE WIN.

2019 Campaign

YOUR SUPPORT BUILDS THE FOUNDATION FOR A BRIGHTER FUTURE.

## MY UNITED WAY INVESTMENT

### United Way Impact Fund:

I want to make the most impact and support the areas of greatest need.

OR

### I want to support:

**Healthy Babies & Children**  
Ensure the next generation has a strong start in life.

**Early Learning & Development**  
Help young children maximize their ability to learn.

**Financial Well-Being**  
Assist vulnerable households to achieve financial stability.

Signature (required)

Date

## DECIDE HOW MUCH & HOW TO GIVE

### Easy Payroll Deduction

I want to contribute this amount each pay period:

\$20     \$15     \$10     \$5     \$\_\_\_\_\_per pay period

How often are you paid?

12 pay periods per year     24 pay periods per year  
 52 pay periods per year     20 pay periods per year  
 26 pay periods per year     Other (\_\_\_\_ pay periods per year)

Total Your Payroll Deduction Gifts:

\$\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
DONATION PER PAY PERIOD    # OF PAY PERIODS MONTHLY (12), BI-WEEKLY (26), TWICE A MONTH (24)    TOTAL YEARLY DONATION

TOTAL GIFT

\$

OR

### Direct Gift

Total Gift: \$\_\_\_\_\_ to be paid by:

Check #: \_\_\_\_\_ Check date: \_\_\_\_\_  Credit Card\*  
MADE PAYABLE TO "UNITED WAY".  
 Bill me starting: \_\_\_\_\_ / \_\_\_\_\_  
 Monthly     Quarterly     One Time  
 Cash     Automatic Bank Deductions\*  
 Stock Option\*

\*We will mail you a separate form for these options.

## YOUR GIFT IS AMPLIFIED

Your gift will help our fight become a win. A win that's not just a short-term contribution, but a long-term solution.



## GET INVOLVED

To receive more information about our giving communities, please check the boxes below:

Leadership Society     Stay United  
 Women United     Endowment and Planned Giving  
 Next Generation United     Labor United

## TELL US ABOUT YOURSELF

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

HOME ADDRESS    CITY    STATE    ZIP

PHONE     HOME     CELL    PERSONAL EMAIL ADDRESS (We will email information on how your gift is making a difference.)

I am a member of a labor union. \_\_\_\_\_  
UNION NAME

Your privacy and confidentiality are important to us. We never share your information. Please make a copy or take a photo of your completed pledge form for your tax records.

Gift restriction is offered as an optional service. The most effective way to help the community is by making an unrestricted gift to United Way.

Designate a gift to a specific 501(c)(3) or another United Way. \$\_\_\_\_\_ Read our designation policy at uwbec.org/donor-policies.

(Full agency name and address required.) \_\_\_\_\_  
AGENCY NAME    ADDRESS    CITY    STATE    ZIP

I wish to remain anonymous to the above organization.

**JOIN THE FIGHT**

**WILL YOU?**

**UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN BUFFALO & ERIE COUNTY.**



United Way  
of Buffalo & Erie County