

JOIN THE FIGHT

YOUR SUPPORT BUILDS THE FOUNDATION FOR A BRIGHTER FUTURE.

I CARE ABOUT

United Way Impact Fund

I trust United Way to invest in my community to create systemic change.

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.

I WANT TO GIVE

Easy Payroll Deduction

I want to contribute this amount each pay period:

\$20 \$15 \$10 \$5 \$_____ per pay period

How many times are you paid per year?

26 52 24 12 20 Other (____)

Total Your Payroll Deduction Gifts:

\$ _____ X _____ = _____
DONATION PER PAY PERIOD NUMBER OF PAY PERIODS TOTAL YEARLY DONATION

TOTAL GIFT

\$

OR

Direct Gift

Total Gift: \$_____ to be paid by:

- | | |
|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card* |
| <input type="checkbox"/> Bill me starting: ____/____/____ | <input type="checkbox"/> Automatic Bank Deductions* |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One Time | <input type="checkbox"/> Stocks/Securities* |
| <input type="checkbox"/> Check #: _____ Check date: _____ | <small>*We will mail you a separate form for these options.</small> |
- MAKE CHECK PAYABLE TO "UNITED WAY" & PLEASE ENCLOSE WITH PLEDGE CARD

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.



LEARN MORE

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

- | | |
|---|---|
| <input type="checkbox"/> Leadership Society | <input type="checkbox"/> Endowment and Planned Giving |
| <input type="checkbox"/> Women United | <input type="checkbox"/> Tocqueville Society |
| <input type="checkbox"/> Next Generation United | |

TELL US ABOUT YOURSELF

*Required, please print.

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.)

Signature (required)

Date

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

Gift designation is offered as an optional service. 5% of your contribution will help us partially recover our transaction cost. The most effective way to help the community is by making an unrestricted gift to United Way. Read our designation policy at uwbec.org/donor-policies.

Designate my gift to another 501(c)(3) health and human service charity or United Way \$_____.

*Required, please print.

_____ FULL AGENCY NAME* ADDRESS* CITY STATE ZIP

I wish to remain anonymous to the charity I selected to receive my gift.

JOIN THE FIGHT

READY TO LIVE UNITED?

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

