



A copy of our latest annual report may be obtained from uwbec.org/annualreport or from the New York State Attorney General's Charities Bureau (28 Liberty St, Fifteenth Floor, New York, NY 10005).



When you give to United Way of Buffalo & Erie County, you're helping break a cycle of hardship that keeps 40% of families in Erie County from reaching financial stability.

It starts with making sure more pregnant people have transportation to prenatal visits and a doula to support their labor. Fueling student

success through targeted reading and math interventions and mental health supports. Helping working families keep more of what they earn through free tax preparation and providing asset building coaching to secure their financial future.

Your support of United Way is an investment in these solutions and more, across every stage of life. No other community partner has the reach of United Way, and there's never been a better time to be a part of this work.



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## I WANT TO GIVE

| Payroll Deduction   |   |                                     |   |                      |                       |
|---|---|-------------------------------------|---|----------------------|-----------------------|
|   | I want to contribute this amount each pay p   | eriod:                              |   |                      |                       |
| Total Annual Gift   | □ \$20 □ \$15 □ \$10 □ \$5 □  | \$ per pay period                   |   |                      |                       |
| \$  | How many times are you paid per year?   |                                     |   |                      |                       |
|   | □ 12 □ 20 □ 24 □ 26 □ 52  | Other:                              |   |                      |                       |
|   |   |                                     |   |                      |                       |
| Direct Donation   |   |                                     |   |                      |                       |
|   | To be Paid by:  | _                                   |   |                      |                       |
|   | Credit Card/Automatic Bank Deduction<br>Make a secure donation by visiting uwbec.org/give c | or call 716-887-2626.               | Cash<br>Please enclose with this Pledge Car                     | rd.                  |                       |
| Total Annual Gift   | Check   | La itarith this Diadas Cand         | Stocks/Securities   | I. 4                 |                       |
| \$  | Make your check payable to "United Way" and enclos Check Number: Check D                    |                                     | Please notify United Way of your sto<br>kristy.davis@uwbec.org. | OCK transfer of col  | ntact Kristy Davis at |
|   | Bill Me Starting/   |                                     | Cryptocurrency  |                      |                       |
|   | One Time Monthly Qual   | rterly                              | Contact Kristy Davis at kristy.davis                            | @uwbec.org.          |                       |
|   |   | -                                   |   |                      |                       |
| Recurring Donation  | This selection gives you the opportunity to give a regular, o                               | ongoing donation to United Way. You | a can cancel the recurring donation a                           | nytime at your co    | nvenience.            |
| Recurring Gift Amount   | To be Paid by:  | То                                  | be Paid:  |                      |                       |
|   | Credit Card/Automatic Bank Deduction<br>Make a secure donation by visiting uwbec.org/give c |                                     | Bimonthly 🔲 Monthly   | Quarterl             | у                     |
| \$  |   |                                     | Semiannually Annually   |                      |                       |
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|   | Home Address  | C                                   | ity   | State                | Zip Code              |
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| Home Phone  | Cell Phone Birth Year   | Personal Email Address (V           | le will email information on how your                           | r gift is making a c | lifference.)          |
|   |   |                                     | -   |                      |                       |
| Signature<br>(required)   |   |                                     | Date<br>(required)  |                      |                       |
|   |   |                                     |   |                      |                       |
| Your privacy and confidentiality are important to us. We never rent or sell your personal information. Please make a copy or take a photograph of your completed pledge form for your tax records.  |   |                                     |   |                      |                       |
| THANK YOU FOR YOUR GIFT!  |   |                                     |   |                      |                       |
| Gift designation is offered as an optional service. 7% 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. |   |                                     |   |                      |                       |
|   | health and human service charity or United Way \$   | *required, please print             |   |                      |                       |
|   | , , <u>,</u>  | · · · ·                             | Full Legal Ager   | ncy Name*            |                       |
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| ·   | Agency Address*   | C                                   | ity   | State                | Zip Code              |

Sour name and contact information will be given to the agency you designated so they can acknowledge your gift. Mark this box if you do not wish to release your information and do not wish to receive an acknowledgment.