

Although your pledge form may be preprinted, please be sure to fill in your name and address in the fields below so that United Way can properly account for and acknowledge your gift.

MR. □MRS. □MS. □DR. □	r information in the spa	ace Delow. United Way	does not sei	l, trade or rent youi	personal info	rmation.	1 1 1	
FIRST NAME		MIOOLE INITIAL LAS	T NAME					
ADDRESS								
CITY / STATE / ZIP	** ood toru			HON	E PHONE NUMBE	ER		
EMPLOYER								_
PREFERREO E-MAIL						eep me up to d ifference my gij 	late, through my e ift is making.	:-mail
☐ I have been giving to United Way since ☐ Please combine my gift with my spouse's/partner's gift.			Please include me in the following leadership society/societies with my gift of \$1,000 or more: African American Leadership Society Circulo Latino Leadership Society The Women's Leadership Council					
SPOUSE'S/PARTNER'S NAME								
SPOUSE'S/PARTNER'S EMPLOYER (if applicable)		l want my leadership gift to be Fast Tracked Please see the back of this form to learn about our leadership societies and Fast Track.						
MY TOTAL GIFT IS:				Long Sc			2	
S SIGNATURE Require	ed for all methods of payment, inclu	luding payroll deduction as a	acknowledge	d on the back of the	first page of th	nis form. DAT	E	-
M&T Bank and Brighter D For COMMUNITY FUND My gift will support Meeting Basic Needs, Giving Babies the Best Start, Preparing Kids for Success and Supporting Seniors and Caregivers (3500)	r more information pleas	se visit www.uwroc	TO IES	r increased g/challenge. UNAN PREPARE FOR SUCC (3514)	T TO KIDS	□ I V SUPPOR & CAR	WANT TO RT SENIORS REGIVERS (3515)	
V		d equally if you check mo				Harris In	7.17	
Please give \$to this org	ay: WUAD A) A for KIBS				ID# 2364		
\$to this org	anization or this United Wa	By:	can be found	at www.uwrocheste	r.ora/donorcho		<u> </u>	_
Please do not release my information		l designated.						
If you do NOT wish to share any part of you	ır gift with a particular orga	nization, please notify	/ United W	ay at (585) 242-	6526 or do	norchoice@	uwrochester.c	org.
Please see the back of this page about authori PAYROLL DEDUCTION: \$ AMOUNT DEDUCTED PER	x \[\] Weekly (52) \[·			_		_
Suggested Minimum: \$25		Now Beginning on thi	5	I want to be a Supporter. Pl Community From Community From Community From Community Sustaining Community Sustainin	ease cont und contri count unt of this form t nity Fund Sup	inue to de ibution fro il I reques to learn about oporter. (Do no	educt my om my credit st a change. becoming a ot check this	
Name (exactly as it appears on the credit card)				-				_
Credit card #	ind on the first business day	Exp. date						
MY GIFT IS ENCLOSED: Cash			oj ine month	уои ѕресіју.				
Stock transfers: Please notify United Way a	at (585) 242-6531 or (585)	242-6535.						