

**UNITED WAY OF GREATER ROCHESTER
PLEDGE FORM**

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.

Please provide your information in the space below. *United Way does not sell, trade or rent your personal information.*

MR. MRS. MS. DR. _____
FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS

CITY / STATE / ZIP

EMPLOYER HOME PHONE NUMBER

PREFERRED E-MAIL Please keep me up to date, through my e-mail, on the difference my gift is making.

Please publicly acknowledge my gift.
 Please combine my gift with my spouse's/partner's gift.


SPOUSE'S/PARTNER'S NAME

SPOUSE'S/PARTNER'S EMPLOYER (if applicable)

Please include me in the following leadership society/societies with my gift of \$1,000 or more:
 Howard Wilson Coles Society Labor Leaders Club
 Circulo Latino Young Leaders Club (\$500 gift)
 Women's Leadership Council
Please see the back of this form to learn about our leadership societies.

MY TOTAL GIFT IS: \$ _____ _____
SIGNATURE Required for all methods of payment. DATE

YES this is my community and I want to support my Community Fund.

 Give to United Way's Community Fund today and **Constellation Brands** will double your gift! For more information please visit uwrochester.org/challenge.

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|---|---|--|--|---|---|
| <input type="checkbox"/> COMMUNITY FUND I want to help everyone supported by the Community Fund. (3500) | <input type="checkbox"/> EARLY CHILDHOOD I want to help babies and their parents through the Community Fund. (3513) | <input type="checkbox"/> SCHOOL AGE YOUTH I want to help kids through the Community Fund. (3514) | <input type="checkbox"/> AGING I want to help seniors through the Community Fund. (3515) | <input type="checkbox"/> CRISIS SERVICES I want to help families in need through the Community Fund. (3512) | <input type="checkbox"/> DISABILITY SERVICES I want to help people with disabilities through the Community Fund. (3516) |
|---|---|--|--|---|---|

Your gift will be divided equally if you check more than one area.

Please give \$ _____ to this organization or this United Way: CRIME STOPPERS ID# 23666
 \$ _____ to this organization or this United Way: _____ ID# _____
Designation information can be found at uwrochester.org/donorchoice.
 Please do not release my information to the organization(s) to which I designated.

Please see the back of this form for our gift calculator.
 PAYROLL DEDUCTION: \$ _____ x Weekly (52) Biweekly (26) Semimonthly (24) Monthly (12) Other (20) Other _____
AMOUNT DEDUCTED PER PAY PERIOD

FORM OF PAYMENT CREDIT/DEBIT CARD DIRECT DEBIT via checking account BILL ME \$25 minimum

FREQUENCY One time Monthly Quarterly

DATE TO CHARGE/BILL Now Beginning on this date: _____

I want to be a Sustaining Community Fund Supporter. Please continue to deduct my Community Fund contribution from my credit card/bank account until I request a change.
Please see the back of this form to learn about becoming a Sustaining Community Fund Supporter.

Name exactly as it appears on the credit card _____
 Credit card # _____ Exp. date _____

For direct debit payments, please attach a voided check. Electronic debits will be applied on the first business day of the month you specify.

MY GIFT IS ENCLOSED: Cash Check Payable to United Way.

Stock transfers: Please notify United Way at (585) 242-6535 or (585) 242-6538.