

Please ensure that your gift is processed correctly by printing BOLDLY and LEGIBLY on this pledge form and by using a BLUE OR BLACK INK PEN Please mail this to United Way of Massachusetts Bay and Merrimack Valley, Att: Alicia Canady, 51 Sleeper St, Boson, MA 02210-1208. THANK YOU. PLEASE PROVIDE YOUR INFORMATION IN THE SPACE BELOW. United Way does not sell, trade or disclose its donors' personal information PREFIX STREET ADDRESS HOME (PREFERRED AND REQUIRED FOR CARING CLUB® MEMBERSHIP ELIGIBILITY) BUSINESS STATE ZIP CODE EMPLOYER TELEPHONE: HOME (PREFERRED) BUSINESS EMAIL ADDRESS (REQUIRED FOR CARING CLUB® MEMBERSHIP ELIGIBILITY) O HOME (PREFERRED) BUSINESS PLEASE SEND ME AN ELECTRONIC ACKNOWLEDGMENT OF MY GIFT (PROVIDE EMAIL ABOVE). 2. O Today's Girls...Tomorrow's Leaders— Invest in the next generation by empowering girls to achieve their goals and dreams. Check this box to support Today's Girls...Tomorrow's Leaders. Maximize my impact by investing in proven O I want to LIVE UNITED solutions that advance the common good. Check this box to support all impact areas. Optional: Check below to focus your investment on a specific impact area or areas. Children — Preparing children for kindergarten and a lifetime of achievement Leadership Giving Societies: Youth — Improving academic opportunities and career options for youth **ALEXIS DE TOCQUEVILLE** Families — Increasing family economic independence and access to safe, affordable housing Membres de la Société (\$10,000 - \$24,999) Basic Needs — Providing food, clothing, shelter and safety for all people in need Ordre de Liberté (\$25.000 - \$49.999) 3. CHOOSE THE AMOUNT AND METHOD OF PAYMENT Ordre d'Egalité (\$50,000 - \$99,999) La Société Nationale (\$100,000+) My Total Annual Gift = \$ **BFACON** Leader (\$1,000 - \$2,499) **Principal** (\$2,500 - \$4,999) I have selected the following method of payment: **Torchbearer** (\$5,000 - \$9,999) O PAYROLL DEDUCTION ○ CREDIT CARD (We accept: ○ VISA ○ MASTERCARD ○ DISCOVER ○ AMEX) Please specify: ONE-TIME CREDIT CARD PAYMENT CARD # EXPIRATION DATE (MM-YY) BEGINNING MONTH-YEAR O IN EQUAL PAYMENTS FOR PERSONAL CHECK (please attach check and make payable to United Way of Massachusetts Bay, Inc.) (MM-YY) **This authorization may be canceled at any time by notifying United Way at 617.624.8000 PLEASE BILL ME (home address required above) O SECURITIES (for more information, please contact United Way's Securities Coordinator at 617.624.8225) FOR UNITED WAY USE ONLY O DONOR ADVISED FUND (I plan to recommend a gift from my Donor Advised Fund) 4. PLEASE SIGN AND DATE SIGNATURE DATE (MONTH-DAY-YEAR) For recognition purposes, I (we) would like to be known as: If left blank, your name will appear as printed above. I wish to remain Anonymous for my gift. I have either included United Way in my estate plan or would like to learn more about your estate planning options. United Way will honor donor designations intended for a Single Agency — You may direct your gift to a specific agency. See your Campaign Manager for the agency list. United Way agency partner, any United Way and/or a health or human services entity having 501 (c) (3) tax-exempt status. (Minimum designation is \$52) M **HEALTH OR HUMAN SERVICE ENTITY (FULL NAME)**

Check here if you do *not* want us to release your name to the agency or receive their personal thank you.

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