



# United Way of Greater Rochester Retiree Packet Order Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship Manager \_\_\_\_\_ Ext. \_\_\_\_\_

Number of retiree packets requested (*Packets include contributor brochure and retiree pledge card*): \_\_\_\_\_

Number of report envelopes requested: \_\_\_\_\_

Other items requested:	Item description	Number needed
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Please return the completed form to:**

Lisa Crawford  
 United Way of Greater Rochester  
 75 College Avenue  
 Rochester, NY 14607

[lisa.crawford@uwrochester.org](mailto:lisa.crawford@uwrochester.org) or fax (585) 242-6475

**FOR OFFICE USE ONLY**

Date completed \_\_\_\_\_

Mailed

Delivered By: \_\_\_\_\_ Other: \_\_\_\_\_



United Way  
of Greater Rochester

GIVING BACK & LOOKING FORWARD SINCE 1918