

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 or fax (585) 242-6475

FOR OFFICE USE ONLY

Date completed _____

Mailed Delivered By: _____ Other: _____



United Way
of Greater Rochester

FUEL THE FUND.