



Community Partner Name: _____

Program Funded: _____

Person Submitting Information: _____

2016-2017 United Way of Brazoria County

What a Contribution Can Buy For Your Funded Program:

Please list examples how many recipients could receive program services from your organization. This list will be used to encourage giving in workplace campaigns.

\$2 per week for one year: (\$104)

\$5 per week for one year: (\$260)

\$10 per week for one year: (\$520)

\$20 per week for one year: (\$1040)

\$50 per week for one year: (\$2600)