

2016-2017 United Way of Brazoria County

Success Story #1

Community Partner Name: _____

Funded UWBC Program: _____

Person Submitting Information: _____

Client Name: _____

Client E-Mail Address: _____

Client Contact #: _____ **Alternative #:** _____

Brief Narrative of Client Success:

Executive Director Quote:

Does client consent to being contacted by a UWBC staff member: ___Yes ___No

Interview (E-mail or in-person)

Video - recorded

2016-2017 United Way of Brazoria County

Success Story #2

Community Partner Name: _____

Funded UWBC Program: _____

Person Submitting Information: _____

Client Name: _____

Client E-Mail Address: _____

Client Contact #: _____ **Alternative #:** _____

Brief Narrative of Client Success:

Executive Director Quote:

Does client consent to being contacted by a UWBC staff member: ___Yes ___No

Interview (E-mail or in-person)

Video - recorded

GIVE. ADVOCATE. VOLUNTEER.

**United Way
of Brazoria County**

uwbc.org

LIVE UNITED

