



**Thank you for making
Western New York a
healthier place to live!**

SOLIDARITY SUPPORTER

Contact Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

I would like to make my solidarity pledge of:

**All supporters receive CAC news
bulletins, updates and discount rates
to CAC events.**

- \$20 Clean Air Ally
- \$50 Health Defender
- \$100 Community Leader
- \$200 Clean Air Advocate
- \$_____ Other Amount

I am interested in including the Clean Air Coalition in my will or estate.

Checks should be made payable to the Clean Air Coalition of WNY and mailed to:

Clean Air Coalition of WNY
341 Delaware Ave.
Buffalo, NY 14202