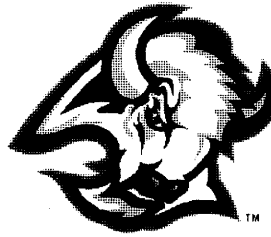




United Way
of Western New York



The United Way / Buffalo Sabres Discount Ticket Program to Benefit the United Way

Enjoy exciting Buffalo Sabres hockey games and help the United Way at the same time! How does it work? The Sabres will donate \$5 for each ticket purchased to the United Way you choose, or the United Way serving your home zip code. Order your discounted tickets on this form, then either mail, phone, fax or email your order to the Sabres. All seats are based on availability. **If you have any questions, please call Grant Weber of the Buffalo Sabres at (716) 855-4287.**

United Way Order Form

100 Level III tickets are \$37 (a savings of \$7) and 300 Level II tickets are \$23 (a savings of \$3).

Fri. Oct 23 vs. Washington @ 8:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Tue. Nov. 3 vs. Boston @ 7:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Sat. Nov. 14 vs. Chicago @ 7:35

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Mon. Dec. 28 vs. New Jersey @ 7:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Fri. Jan 1 vs. Anaheim @ 3:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Wed. Jan 13 vs. St. Louis @ 7:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Thu. Jan. 28 vs. Nashville @ 7:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Sat. Jan. 30 vs. Los Angeles @ 7:35

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Thu. Feb 11 vs. Montreal @ 7:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

Sun. Apr. 18 vs. Washington @ 3:05

_____ # of Tickets @ \$23 or _____ # of Tickets @ \$37

NAME _____

COMPANY YOU WORK FOR: _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/ST/ZIP _____

University Department: _____

PHONE # _____

Please credit the donation to:

- United Way of Buffalo and Erie County United Way of Tonawandas
 United Way of Niagara (Niagara Falls) United Way of Eastern Niagara (Lockport)

I have enclosed a check or money order for \$ _____ payable to Buffalo Sabres. Or Bill my:

CIRCLE ONE: AMERICAN EXPRESS MASTER CARD VISA DISCOVER

CREDIT CARD # _____ EXP. DATE _____

Please Mail To:

C/O Buffalo Sabres
Marine Midland Arena
One Seymour H. Knox III Plaza
Buffalo, NY 14203

Call (716) 855-4444
Fax to 855-4133
email toddl@sabres.com

Please feel free to duplicate this blank form
to distribute to others.