



Designation Form



MR/MRS/MS/DR FIRST NAME MIDDLE LAST NAME (____) _____
HOME PHONE

HOME ADDRESS CITY STATE ZIP

E-MAIL ADDRESS EMPLOYER

*Please help reduce administration costs by including your email address for future United Way updates.
Your email address and personal information is held in strict confidence.*

This is a joint gift: _____
MR/MRS/MS/DR FIRST NAME MIDDLE LAST NAME EMPLOYER

I choose to designate my gift to a specific health and human service agency.

A minimum designation of \$50 per agency is required to keep administrative costs low. A designated agency must be registered as a non-profit health and human service agency with 501(c)(3) tax status and meet the Patriot Act requirements. If a non-qualifying agency or less than \$50 is designated, United Way will redirect these funds to the Community Investment Fund. As with all United Way contributions, the cost of administration, raising and distributing funds is deducted.

MY TOTAL ANNUAL GIFT = \$ _____

Agency name: _____

Agency city: _____

Percentage of total gift: _____% *or* Dollar amount: \$ _____

Agency name: _____

Agency city: _____

Percentage of total gift: _____% *or* Dollar amount: \$ _____

Federal tax law requires us to inform you that no goods, services or substantial donor benefits were provided in exchange for your contribution.

Thank you for building a stronger community and improving lives.