

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED™



United Way Center
118 Commerce Avenue SW
Grand Rapids, MI 49503
P 616.459.6281
F 616.459.8460

Designation Form

Please print clearly. Thank you!

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

HOME ADDRESS CITY STATE ZIP

EMPLOYER

THIS IS A JOINT GIFT: MR./MRS./MS./DR. FIRST NAME MIDDLE INITIAL LAST NAME EMPLOYER

Want to see how your contribution is making a difference? Please provide your **home email address** so we can show you how your contribution is getting results and provide opportunities to give, advocate and volunteer all year long.

HOME EMAIL ADDRESS All email address information is confidential and used solely for the purposes of communicating with donors.

I choose to designate a portion of 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: _____

Total: \$_____

Agency name: _____

Agency city: _____

Total: \$_____

X _____
PLEASE SIGN AND DATE HERE TO AUTHORIZE YOUR PLEDGE DATE

Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.