

DONOR DESIGNATION FORM

All funds raised during United Way of Hancock County's annual campaign go to work on our community's greatest priorities. Please use this form if you wish to direct your contributions in a specific manner.

NAME: _____ COMPANY: _____

HOME ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ PHONE NUMBER: _____

PLEASE DIRECT MY CONTRIBUTION TO ONE OF THE FOLLOWING:

COMMUNITY IMPACT: I want my donation to have the greatest impact on our community. Allow trained community grant volunteers to direct my investment to the community's highest priorities. \$ _____

UNITED WAY IMPACT AREAS: Minimum contribution of \$100 is needed to qualify as a designated gift. I would like a portion of my donation to be used in the following areas:

Vulnerable Children Initiative \$ _____ Financial Stability Initiative \$ _____

Halt Hunger Initiative \$ _____ Safety & Health \$ _____ Housing \$ _____

LOCALLY FUNDED PARTNERS: Minimum contribution of \$100 is needed to qualify as a designated gift. I would like a portion of my donation to be directed to the following agency(ies) or program(s):

American Red Cross \$ _____

Disaster Services \$ _____

Boy Scouts of America, Black Swamp Area Council \$ _____

Scouting \$ _____

Cancer Patient Services \$ _____

Direct Patient Services \$ _____

CASA/GAL of Hancock County \$ _____

Child Advocate Program \$ _____

Center for Civic Engagement \$ _____

Center for Safe & Healthy Children \$ _____

Forensic Interview Program \$ _____

Challenged Champions Equestrian Center \$ _____

Equine-Assisted Therapy \$ _____

Children's Mentoring Connection of Hancock County \$ _____

Mentoring At-Risk Youth \$ _____

Christian Clearing House \$ _____

Food Vouchers \$ _____

Findlay City Schools \$ _____

Pre-Kindergarten Scholarships \$ _____

Findlay Family YMCA \$ _____

Feed-A-Child Program \$ _____

Girl Scouts of Western Ohio \$ _____

Scouting \$ _____

Hancock County Educational Service Center .. \$ _____

Pre-Kindergarten Scholarships \$ _____

HHWP Community Action Commission \$ _____

Hancock Area Transportation Services (HATS) \$ _____

Hope House \$ _____

Independence Program \$ _____

Hope House Shelter \$ _____

Open Arms Domestic Violence & Rape Crisis Services \$ _____

Adult Victim Services \$ _____

Child Victim Services \$ _____

Raise the Bar \$ _____

Career Exploration \$ _____

Salvation Army \$ _____

Emergency Food Pantry \$ _____

Summer Enrichment \$ _____

VITA (Volunteer Income Tax Assistance) \$ _____

UWHC's free tax filing service \$ _____

Volunteers United \$ _____

UWHC's Volunteer Center \$ _____

West Ohio Food Bank \$ _____

Hancock County Food Distribution \$ _____

Other Nonprofit of Choice \$ _____

Please fill in: _____

ANOTHER UNITED WAY LOCATION: Minimum contribution of \$100 is needed to qualify as a designated gift. I would like to designate to another United Way:

CITY _____ COUNTY _____ STATE _____ AMOUNT \$ _____