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.

I would like a portion of my donation to be used in the following areas: Ularable Children Initiative \$	NAME:		COM	COMPANY:		
LEASE 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 gravolunteers to direct my investment to the community's highest priorities. \$	HOME ADDRESS:			EMAIL ADDRESS:		
COMMUNITY IMPACT: I want my donation to have the greatest impact on our community. Allow trained community gravolunteers 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 \$	CITY:	STATE:	PHON	IE NUMBER:	_	
UNITED WAY IMPACT AREAS: Minimum contribution of \$100 is needed to qualify as a designated gift. would like a portion of my donation to be used in the following areas: Vulnerable Children Initiative \$	PLEASE DIRECT MY C	ONTRIBUTION TO ONE	OF THE FO	LOWING:		
Would like a portion of my donation to be used in the following areas: Vulnerable Children Initiative \$ Financial Stability Initiative \$ Housing \$ Halt Hunger Initiative \$ Safety & Health \$ Housing \$ LOCALLY FUNDED PARTNERS: Minimum contribution of \$100 is needed to qualify as a designated gift. Would like a portion of my donation to be directed to the following agency(ies) or program(s): American Red Cross		<u> </u>	-	·		
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Disaster Services Pre-Kindergarten Scholarships S Boy Scouts of America,	I would like a portion	of my donation to be directe	ed to the follow	. ,		
Boy Scouts of America, HHWP Community Action Commission S Black Swamp Area Council S Hancock Area Transportation Services (HATS) S Services (HATS) S Services (HATS) S Hope House S Independence Program S Independence Program S Independence Program S Independence Program S Hope House Shelter S Independence Program S In	American Red Cros	ss\$ <u>.</u>	□			
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CITY COUNTY STATE AMOUNT S			ontribution of \$1	00 is needed to qualify as a designated gif	t.	
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Workplace Campaign Chair: Please copy this form as needed. A donor designation cannot be processed unless this sheet is attached to the employee's Pledge Card.