

United Way Designation Form

Must be attached to your United Way Pledge Form

United Way of Greater Duluth will honor designations to its funded partners and other United Ways; however, the designation must be \$50 or more per agency. If the agency to which a donor designates is not eligible for UWGD designations, United Way will contact the donor and offer to return the gift and/or designate the gift to the appropriate impact area. United Way makes every effort to process gifts in accordance with donor wishes. However, if the designation information is incomplete, incorrect or not attached to a United Way pledge form, the designation will be credited to the Community Care Fund.

Please release my name to the designated agency or United Way for an acknowledgement. Yes No
If you do not select YES, we ARE NOT authorized to release your name to the designated organization.



Learn more:
www.unitedwayduluth.org

Donor designated contributions are assessed administrative fees based on actual historical costs in accordance with United Way Worldwide Membership Standards.



Name(s) _____

Address _____

City, State, ZIP _____

Email _____

Phone _____

Company _____

Total Annual Gift: \$ _____

Total Designation Amount: \$ _____

Community Care Fund • An unrestricted gift to the Community Care Fund is the most effective way to maximize the impact of your gift. Your gift will combine with the gifts of others to make the greatest impact in the lives of those who need it most.

Impact Areas • Directing your gift to a specific impact area will ensure that the complex needs of individuals and families are met. No single agency or program can meet every need. By directing your gift to one of the following, you support a strong network of services that together, help people achieve positive, long-lasting change.

I would like my gift to support this specific impact area:

- EDUCATION** (Fostering successful children & youth) **INCOME** (Promoting financial stability & independence)
 HEALTH (Improving people's health) **BASIC NEEDS** (Ensuring a strong network of basic human services)

Specific Care

DIRECT CARE. I want my gift to go to a specific United Way partner agency or another United Way.

CARE WITH EXCEPTIONS. I wish to support the entire family of UW agencies with the exception of:

Name(s) _____

Name(s) _____