

# United Way Designation Form

## Must be attached to your United Way Pledge Form

United Way of 1000 Lakes 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 United Way of 1000 Lakes 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 Investment Fund.

Please release my name to the designated agency or United Way for an acknowledgment,  Yes  No

If you do not select YES, we ARE NOT Authorized to release your name on the designated organization.



Learn more:

[www.unitedwayof1000lakes.org](http://www.unitedwayof1000lakes.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 Investment Fund:** An unrestricted Gift to United Way is the most effective way to maximize the impact of your gift. Your gift will be combine with the gifts of others to make the greater 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.

Education

Income & Basic Needs

Health

**Direct Care.** I want my gift to go to a specific United Way partner agency or another United Way.

Name(s): \_\_\_\_\_

**Care with Exceptions.** I wish to support the entire family of United Way agencies with the exception of:

Name(s): \_\_\_\_\_