

# OUT-OF-AREA DESIGNATION FORM

**PLEASE PRINT:**

EMPLOYER: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IMPORTANT INSTRUCTIONS:**

You must complete all the information below. If not completed, your designation will go to the general allocation fund.

ANNUAL AMOUNT: \$ \_\_\_\_\_  
(\$50 minimum)

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

*United Way of the Ohio Valley will send a written request for proof of 501(c)(3) non-profit status to the above agency. If the agency fails to respond within 3 weeks, your gift will go into the general allocation fund.*

GIVE. ADVOCATE. VOLUNTEER.  
**LIVE UNITED™**



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