

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™



United Way
of the Ohio Valley