



OUT-OF-AREA DESIGNATION FORM

EMPLOYER: _____

YOUR NAME: _____

YOUR ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

IMPORTANT INTRUCTIONS:

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.