## Publix Contributor Choice Form



Dept./Store#:	Personal Email:	
Name:	Work Phone:	
Home Address:	Personal Phone:	
City:	Zip:	
Form of Payment: Payroll Deduction Cash Check	Signature:	
Choice 1: UNITED WAY FUND		
These funds go towards programs that focus on health, education, financial stability and basic needs.  Community Investment Team volunteers investigate these programs and distribute contributions according to our community's most critical needs.  (must be total annual dollar amount)		
Choice 2: Impact Area Funding		
Education Health  \$ (must be total annual dollar amount) (must be total annual dollar amount)	Financial Stability  \$ (must be total annual dollar amount)	Basic Needs \$ (must be total annual dollar amount)
Choice 3: Programs		
OTHER DESIGNATIONS - You may contribute for a specific United Way partner agency or program, another United Way or a non-partner agency that provides a well-defined, hands-on health or human service and is registered with the IRS as a 501(c)3 in compliance with the Patriot Act. Since the programs of non-United Way agencies are not reviewed, United way makes no claims regarding their effectiveness, stewardship or accountability.		
Name of Organization, Street Address, City, State, Zip		\$ (must be total annual dollar amount)
(must be total annual dollar amount)		
Name of Organization, Street Address, City, State, Zip		(must be total annual dollar amount)
Name of Organization, Street Address, City, State, Zip		3
, , , , , , , , , , , , , , , , , , ,		(must be total annual dollar amount)
Name of Organization, Street Address, City, State, Zip		(must be total annual dollar amount)  (must be total annual dollar amount)

\*ALL PLEDGES MUST ALSO BE SUBMITTED THROUGH THE PASSport PORTAL\*

## **TOTAL DESIGNATIONS**

