

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 youth opportunities, financial security, healthy communities and community resiliency. 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

Youth Opportunity

\$ _____

(must be total annual dollar amount)

Financial Security

\$ _____

(must be total annual dollar amount)

Healthy Community

\$ _____

(must be total annual dollar amount)

Community Resiliency

\$ _____

(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)

Name of Organization, Street Address, City, State, Zip

\$ _____

(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

\$ _____

(must be total annual dollar amount)

TOTAL DESIGNATIONS:

\$ _____

TOTAL ANNUAL AMOUNT

ALL PLEDGES MUST ALSO BE SUBMITTED THROUGH THE PASSport PORTAL

Administrative costs are associated with processing of designated funds.