



United Way
of Kenosha County

DONOR DESIGNATION FORM

THIS FORM IS OPTIONAL

The pledge form is all you have to fill out if you want your gift to support all of United Way’s work in education, health, and financial stability. Your undesignated gift will support everyone who needs help through United Way supported programs.

You can designate your gift to any qualified 501©(3) **health and human service** nonprofit agency or to another United Way. Please note that agencies are not accountable to United Way for donor designated gifts. United Way encourages donors to choose organizations with health and human service programs in the areas of education, health, and financial stability. If you choose to designate all or part of your gift, please complete this form and a pledge form. Thank you.

OUR DESIGNATION POLICY

Your gift may be designated to another charity or another non-local United Way by completing the information below. By designating to another charity, you gift cannot be leveraged to provide the greatest impact to our community. If you do designate your gift, please consider dividing it between an agency and the Community Impact Fund, so it has a greater impact.

If designating your gift, United Way requires a minimum contribution of \$150 per charity. If a Donor Designation Form is unreadable or incomplete, or if a donor designated to a non-eligible charity, we will attempt to contact the donor. If the donor cannot be contacted, we will direct the contribution to the Community Impact Fund.

Check here if you want your contact information shared with your designated charity(s).

Please legibly print the information requested on the organization.

Organization: _____

Organization: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

EIN: _____

EIN: _____

Amount: \$ _____

Amount: \$ _____

TOTAL DESIGNATED GIFT AMOUNT - \$

The total gift amount cannot exceed the amount on your pledge form. Please make a copy of this completed form and retain for your tax records.

First Name *(please print)*: _____ **Middle Initial:** _____

Last Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home/Cell Phone: _____