## **HEAD OF THE LAKES UNITED WAY DESIGNATION FORM**

424 W. Superior Street, Suite 402 | Duluth, MN 558

Duluth: 218-726-4770 | Superior: 715-394-2733 | www.hlunitedway.org Head of the United Way

<b>02</b>	United Way	
	Head of the Lakes	

STEP 1 DONOR INFORMATION:	PLEASE NOTE: To ensure the largest impact, making an UNDESIGNATED gift allows your <i>entire</i> gift to be used in the COMMUNITY CARE FUND in the geographic area of your provided zip code.
	Last Name Suffix City State Zip Phone
STEP GEOGRAPHIC AREA (from pledge form)  Please select the geographic area FOR YOUR GIFT in Step 2 on your PLEDGE FORM. If no geographic area is selected, your gift will be used in the area corresponding with the provided zip code.  COMMUNITY CARE WITH EXCEPTION/S (optional)  If you do not want your gift to support a specific partner agency, Please list them here.  Designate to ALL HLUW Partner Agencies EXCEPT:	Designate your gift to a group of HLUW Partner Agencies within a specific Impact Area:    S Impact Area:   Basic Needs   Education   Health   Income  OR Designate to one or more eligible HLUW Partner Agencies (view list at www.hlunitedway.org/give):    S UW Partner Agency:    OR Designate to another United Way:    S Other United Way:    \$ ANNUAL GIFT TOTAL
STEP 4 X Required Signature	Date:
STEP YES! You may release my name and address to the designated agency or United Way for an acknowledgment.  NO! Do NOT release my name and address.	If HLUW has any questions about your designation, you will be contacted at the above phone number/email address. Designations to 501(c)3 non-profit organizations that are not currently funded Partner Agencies of Head of the Lakes United Way cannot be honored. Designations will be subject to an 11% processing fee. No compensation, goods or services have been given to the donor from Head of the Lakes United Way in return for this contribution.
HEAD OF THE LAKES UNITED WAY DESIGNATION FORM	424 W. Superior Street, Suite 402   Duluth, MN 55802  Duluth: 218-726-4770   Superior: 715-394-2733   www.hlunitedway.org  Head of the Lakes United Way
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Prefix First Name MI  Home Address Email	Last Name Suffix City State Zip Phone
STEP GEOGRAPHIC AREA (from pledge form)  Please select the geographic area FOR YOUR GIFT in Step 2 on your PLEDGE FORM. If no geographic area is selected, your gift will be used in the area corresponding with the provided zip code.	Designate your gift to a group of HLUW Partner Agencies within a specific Impact Area:  \$\ \text{Impact Area:} \Basic \text{Read Basic Needs} \Begin{array}{c} Education \Basic \text{Health} \Basic \text{Income} \text{OR} \text{Designate to one or more eligible HLUW Partner Agencies (view list at www.hlunitedway.org/give):  \$\ \text{UW Partner Agency:} \Basic \text{Needs} \text{View list at www.hlunitedway.org/give}:
COMMUNITY CARE WITH EXCEPTION/S (optional)	UW Partner Agency:
If you do not want your gift to support a specific partner agency, Please list them here.  Designate to ALL HLUW Partner Agencies EXCEPT:	OR Designate to another United Way:  \$Other United Way:  \$ANNUAL GIFT TOTAL
STEP 4 X Required Signature	Date:

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