HEAD OF THE LAKES UNITED WAY
DESIGNATION FORM

STEP 1 DONOR INFORMATION:
Prefix __________ First Name ___________ MI _______ Last Name ___________ Suffix ___________
Home Address _____________________________ City ___________ State _______ Zip ___________
Email ___________________________ Phone _______________________

STEP 2 Select Geographic Area FOR YOUR GIFT:
☐ Ashland - Bayfield County  ☐ Greater Duluth
☐ North Shore (Lake & Cook Cty)  ☐ Superior - Douglas County

COMMUNITY CARE WITH EXCEPTION/S (optional)
If you would like your gift to go to the Community Care Fund in your area, but NOT to a specific partner agency, write the name here.
☐ Designate to ALL HLUW Partner Agencies EXCEPT:

__________________________________________________________________________________________

STEP 3 DESIGNATION OPTIONS:
To designate your gift to a specific United Way partner agency or other United Way, write in your preferences below. To view a current list of eligible HLUW partner agencies, go to www.hlunitedway.org.

☐ $ ________ Community Care Fund in my selected Geographic Area
☐ $ ________ UW Partner Agency: ___________________________
☐ $ ________ UW Partner Agency: ___________________________
☐ $ ________ Other United Way: ___________________________

$ ________ DESIGNATED TOTAL  $ ________ ANNUAL GIFT TOTAL

STEP 4 X Required Signature ___________________________ Date: _______________________

STEP 5 ☐ YES! Please release my name and address to the designated agency or United Way for an acknowledgment.
☐ NO! Do NOT release my name and address.

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