## 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 United Way
STEP 1 DONOR INFORMATION:	PLEASE NOTE: If you would like your entire gift to be used in the COMMUNITY CARE FUND in the geographic area of your home zip code, you do NOT need to complete a Designation Form.
Prefix First Name MI	Last Name Suffix
Home Address	CityStateZip
Email	Phone
STEP 2 Select Geographic Area FOR YOUR GIFT:	STEP 3 DESIGNATION OPTIONS:
○ Ashland - Bayfield County ○ Greater Duluth ○ North Shore (Lake & Cook Ctys) ○ Superior - Douglas County	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
COMMUNITY CARE WITH EVCERTION/C (artismal)	□ \$ Community Care Fund in my selected Geographic Area
COMMUNITY CARE WITH EXCEPTION/S (optional)  If you would like your gift to go to the Community Care Fund in you	UW Partner <b>Agency</b> :
area, but NOT to a specific partner agency, write the name here.	UW Partner <b>Agency:</b>
☐ Designate to ALL HLUW Partner Agencies EXCEPT:	\$ Other United Way:
	\$ DESIGNATED TOTAL \$ ANNUAL GIFT TOTAL
	_ \$ DESIGNATED TOTAL \$ ANNUAL GIFT TOTAL
STEP 4 X Required Signature	Date:
designated agency or United Way for an acknowledgment.  NO! Do NOT release my name and address.  the Conprivacy the Lak	cannot be contacted and/or do not respond, you authorize Head of the Lakes United Way to direct your gift to mmunity Care Fund in the geographic area of your home zip code. Head of the Lakes United Way honors the y and wishes of our donors. No compensation, goods or services have been given to the donor from Head of kes United Way in return for this contribution. Designations will be subject to an 11% processing fee. ED IN-HOUSE
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North Shore (Lake & Cook Ctys) Superior - Douglas Coun	United Way, write in your preferences below. To view a current list of eligible HLUW partner agencies, go to <a href="https://www.hlunitedway.org">www.hlunitedway.org</a> .
Citation of Lance & South Stys) Competition Douglas Country	\$ Community Care Fund in my selected Geographic Area
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_ Designate to ALL HEOM I ditale Agenties LAULT 1.	□ \$ Other <b>United Way:</b>
	_ \$ DESIGNATED TOTAL \$ ANNUAL GIFT TOTAL
Required V Required	
STEP 4 X Required Signature	Date:

STEP YES! Please release my name and address to the designated agency or United Way for an acknowledgment.

 $\square$  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. If you cannot be contacted and/or do not respond, you authorize Head of the Lakes United Way to direct your gift to the Community Care Fund in the geographic area of your home zip code. Head of the Lakes United Way honors the privacy and wishes of our donors. No compensation, goods or services have been given to the donor from Head of the Lakes United Way in return for this contribution. Designations will be subject to an 11% processing fee. PRINTED IN-HOUSE