

DONATION CARD

Name: _____ Prefix: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Head of the Lakes
United Way

CHOOSE WHERE YOU GIVE

Indicate dollar amount or percentage per area if applicable.

- Ashland & Bayfield _____ \$/%
- Greater Duluth _____ \$/%
- Lake & Cook _____ \$/%
- Superior - Douglas _____ \$/%

PAYMENT ENCLOSED

BILL ME:

- MONTHLY
- QUARTERLY
- ANNUALLY

BEGINNING:

____ / ____ (MM/YY)

Total Gift:

Authorized Signature: _____ Date: _____

Make checks payable to Head of the Lakes United Way – No goods or services have been provided for contributions received.