

DESIGNATION FORM

DESIGNATION INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

☐ Area of
Greatest Need

☐ Ashland & Bayfield Counties
☐ Lake & Cook Counties

☐ Greater Duluth Area
☐ Superior - Douglas County



Head of the Lakes
UNITED WAY

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

☐ Do NOT release my name and address.

DESIGNATION OPTION

☐ I would like my gift to be designated between this/these funded partners or other United Way.

\$ _____ Head of the Lakes United Way:

\$ _____ Funded Partner:

\$ _____ Funded Partner:

\$ _____ Other United Way:

\$ _____ **DESIGNATED TOTAL**

\$ _____ **ANNUAL GIFT TOTAL**

If Head of the Lakes United Way (HLUW) has any questions about your designation, you will be contacted at the above phone number/email address. If you can not be contacted and/or do not respond, you authorize HLUW to direct your gift to the area of greatest need. HLUW honors the privacy and wishes of our donors. No compensation, goods or services have been given to the donors from HLUW in return for this contribution. Designations will be subject to an 14% processing fee.

Authorized Signature: _____

Date: _____