

# DONATION CARD

Name:

Address:

City:

State:

Zip:

Phone:

Email:



Head of the Lakes  
**UNITED WAY**

314 W. Superior St. #750  
Duluth, MN 55802

218.726.4770

[hlunitedway.org/donate](http://hlunitedway.org/donate)

## CHOOSE WHERE YOU GIVE

Indicate dollar amount or percentage per area if applicable.

- |  |       |      |
|--|-------|------|
| <input type="checkbox"/> Area of Greatest Need       | _____ | \$/% |
| <input type="checkbox"/> Ashland & Bayfield Counties | _____ | \$/% |
| <input type="checkbox"/> Greater Duluth Area         | _____ | \$/% |
| <input type="checkbox"/> Lake & Cook Counties        | _____ | \$/% |
| <input type="checkbox"/> Superior - Douglas County   | _____ | \$/% |

☐ **PAYMENT ENCLOSED**

**BILL ME:**

- ☐ MONTHLY  
☐ QUARTERLY  
☐ ANNUALLY

BEGINNING:

\_\_\_\_ / \_\_\_\_ (MM/YY)

**Total Gift:**

**Authorized Signature:**

**Date:**

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

\* Undesignated gifts will be applied to the area of greatest need.

**THANK YOU!**