

Name:

Job Title:

Organization:

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

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!