# DESIGNATION FORM

Please use this form if you'd like to designate your contribution.

United Way
for Southeastern Michigan

(Please Print)

MR./MRS./MS. _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOME EMAIL _____

*Completing this helps us acknowledge you and your support.*

EMPLOYER _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE - DIRECT _____

WORK EMAIL _____

❏ **I'd like more information via email on how my contribution helps Southeastern Michigan.**

I'm interested in (check all that apply):

❏ Education ❏ Economic Prosperity ❏ Health

## YOUR CONTRIBUTION

❏ **Payroll Deduction**

❏ **Check** (Payable to United Way for Southeastern Michigan)

❏ **Credit Card** (Check one)

❏ Visa ❏ MasterCard ❏ American Express ❏ Discover

NAME (Exactly as it appears on card) _____

CREDIT CARD NO. _____

CVV SECURITY CODE _____

EXP. DATE (MM/YY) _____

❏ A one-time contribution on _____ (MM/YY)

❏ Quarterly contributions starting _____ (MM/YY)

❏ **Direct Debit**

Please contact our Finance Department at 313-226-9438 to exchange necessary information.

**Choose your gift amount to make an impact:**

❏ $1,000 ❏ $500 ❏ $300 ❏ $150 ❏ $75 ❏ Other $ _____

**Total Gift Amount $** _____

X _____

Signature Date

We respect your privacy. Visit **UnitedWaySEM.org/donor-bill-rights** for more details.

## PLEASE ALLOCATE MY CONTRIBUTION TO THE FOLLOWING AREAS:**

**Minimum contribution of $50 is needed to qualify as a designated gift to a specific agency partner. Contributions less than that amount go directly to the United Way Community Fund.

All designations are separate from an agency's United Way grant and are assessed a fee based on United Way Worldwide Membership Standards as outlined in the publication titled "United Way Worldwide Cost Deduction Requirements for Membership, Requirement M."

ANNUAL AMOUNT DESIGNATED

**THE COMMUNITY FUND: Maximize your contribution to focus on the greatest community need.**

❏ 0001 United Way for Southeastern Michigan Community Fund ..... $ _____

**EDUCATION: Your contribution helps children enter kindergarten prepared to learn and graduate high school ready for college and a career.**

❏ 8117 Bib to Backpack ..... $ _____

❏ 8118 College and Career Pathways ..... $ _____

**ECONOMIC PROSPERITY: Your contribution helps families receive career training and budget coaching so that they can keep more of what they earn.**

❏ 0002 Financial Stability ..... $ _____

**HEALTH: Your contribution helps provide access to basic needs, like quality health care, nutritious foods and shelter.**

❏ 8120 Basic Needs ..... $ _____

❏ 8101 2-1-1 ..... $ _____

❏ 8116 Meet Up and Eat Up ..... $ _____

**FUNDED PARTNERS: You can designate your gift to a United Way funded partner from the list provided or at UnitedWaySEM.org/Partners.**

❏ I would like to designate my gift to another United Way or a specific funded partner: _____ ..... $ _____

Funded Partner Name/Code

❏ Please recognize me as a **Loyal Contributor**. I've given for ___ years.

❏ I would like to learn more about including United Way in my will.

## THANK YOU FOR LIVING UNITED!

**United Way for Southeastern Michigan** 3011 W. Grand Blvd., Ste. 500, Detroit, MI 48202 **UnitedWaySEM.org**

Please Note: A portion of your donation goes toward United Way's operational and fundraising costs.