

Designation Form

Name: _____

Employer: _____

This form must be attached to a completed pledge form.

Community Solutions Fund *I want my gift to have the greatest impact.* Amount \$ _____

United Way uses the Community Solutions Fund to assure that donations support our community's most critical health and human services issues, and that funded programs are fiscally responsible and measurably effective. This fund supports more than 45 local programs addressing at least one of three priority areas.

Select a Community Solutions Fund Priority Area

Brighter Futures _____ Strong & Successful _____ Community _____
Through Learning \$ _____ Families & Children \$ _____ Safety Net \$ _____

- A MINIMUM DESIGNATION OF \$50 PER AGENCY IS REQUIRED -

United Way only provides oversight to unrestricted donations that are part of the Community Solutions Fund (CSF). Once designated donations are provided to the recipient organizations, United Way does not monitor how those funds are used.

Other United Way or 501(c)(3) Agency

Designations to agencies that do not meet 501(c)(3) eligibility requirements will automatically revert to the CSF to support local programs.

Complete and accurate contact information must be included to be processed.

Agency Name	Address and/or Phone	Amount
_____	_____	_____
Agency Name	Address and/or Phone	Amount
_____	_____	_____

Yes, I want the agency to acknowledge my gift.