

Designation Card

United Way
of Central Minnesota



Name: (required)

Company: (required)

Phone: (required)

Total Contribution \$ _____

Designation Amount \$ _____



Agency: (required)

Agency must be eligible to receive tax deductible contributions under the IRS code

Agency Address: (required)

Agency Phone: (required)

I wish to remain anonymous to the designated program

Designated contributions are subject to processing fees and will be directed to the Community Investment Fund if a \$100 minimum is not met.

Designation Card

United Way
of Central Minnesota



Name: (required)

Company: (required)

Phone: (required)

Total Contribution \$ _____

Designation Amount \$ _____



Agency: (required)

Agency must be eligible to receive tax deductible contributions under the IRS code

Agency Address: (required)

Agency Phone: (required)

I wish to remain anonymous to the designated program

Designated contributions are subject to processing fees and will be directed to the Community Investment Fund if a \$100 minimum is not met.

Designation Card

United Way
of Central Minnesota



Name: (required)

Company: (required)

Phone: (required)

Total Contribution \$ _____

Designation Amount \$ _____



Agency: (required)

Agency must be eligible to receive tax deductible contributions under the IRS code

Agency Address: (required)

Agency Phone: (required)

I wish to remain anonymous to the designated program

Designated contributions are subject to processing fees and will be directed to the Community Investment Fund if a \$100 minimum is not met.