

DONOR DESIGNATION FORM

TO DESIGNATE YOUR GIFT, YOU MUST FIRST COMPLETE A PLEDGE FORM.

LIVE UNITED



United Way of
Greater Kansas City
unitedwaykc.org

INFLUENCE THE CONDITION OF ALL.

Community Care Fund - the most powerful way to invest your gift.

COMMUNITY CARE FUND

Your gift to the Community Care Fund supports the widest range of services to help people in our community. Designating at least \$144 to this fund qualifies you for Caring Club benefits (see the pledge form for more information). (100)

Amount - \$

FOCUS YOUR COMMUNITY CARE FUND GIFT

EDUCATION

Helping children and youth attain their full potential. (101)

Amount - \$

INCOME

Assisting people to achieve financial independence and stability. (102)

Amount - \$

HEALTH

Assuring people and their neighborhoods are safe, healthy and thriving. (103)

Amount - \$

UNITED WAY 2-1-1

Connecting individuals to community resources and volunteer opportunities through a 3-digit phone number. (104)

Amount - \$

EXCLUDE A PARTNER AGENCY

You may choose to exclude a United Way Partner Agency from receiving any portion of your Community Care gift.

Agency #:

TOTAL Gift Amount - \$

DESIGNATE YOUR GIFT.

Your gift may be designated using one of the options below. However, it cannot be leveraged to provide the greatest impact on our community. If you do designate your gift, please consider dividing it between an agency and the Community Care Fund, so it has a greater impact.

SPECIFIC UNITED WAY PARTNER AGENCY

Fill in the number of the Partner Agency of your choice. Agency names and numbers are listed on the back.

Agency #:

Amount - \$

Agency #:

Amount - \$

UNITED WAY IN ANOTHER CITY or A LOCAL NON-UNITED WAY AGENCY

Designate your gift to another United Way or to any qualified 501(c)(3) nonprofit agency within a 100-mile radius of the Kansas City area. Please note that agencies are not accountable to United Way for donor designated gifts. United Way encourages donors to choose organizations with health and human service programs in the areas of education, income and health.

Amount - \$

Organization: MIDWEST HEMOPHILIA ASSOCIATION

Address: PO Box 412866

City/State/Zip: KANSAS CITY, MO

Phone: 816-479-5900

FIN Number:

The total gift amount cannot exceed the amount on your pledge form. Please make a copy of this completed form and retain it for your tax records.

We request that you contribute a minimum of \$24 per charity to help hold down administrative costs. United Way retains only 12.5% of funds pledged to cover fundraising and administrative costs. If a Donor Designation Form is unreadable or incomplete, or if a donor designates a non-eligible charity, we will attempt to contact the donor. If the donor cannot be contacted, we will direct the contribution to the Community Care Fund.

First Name
(please print)

Middle
Initial

☐ Check here if you do not want your contact information shared with your designated charities.

Last Name

Home
Address

City

State

Zip

Home
Phone

SSN- last 4 digits

Birthdate - month/day/year