

Designation Form

Arrowhead
United Way



646 North D Street • Post Office Box 796
San Bernardino, California 92402-0796
tel (909) 884-9441 • fax (909) 885-4096
www.ArrowheadUnitedWay.org

Prefix First Name MI Last Name Suffix

Employer Work Phone

Complete Name of Designated Agency

Address of Designated Agency

City of Designated Agency State Zip Code

Total annual designation \$ _____ (minimum \$60 per agency) Payroll Deduction Cash Check or Credit Card
I would like an acknowledgement from the designated agency Yes No

Signature (Required) Date

Designated agency must meet eligibility criteria of IRS 501(c)(3) tax exempt status and health or human care service agency. In order to keep costs as low as possible for our donors, a designation of less than \$60 will be treated as a gift to our general allocation fund. If the designated agency is unable to be located through a reasonable attempt, gifts will be re-designated to the general fund. Designations are good for one year. Designations to member agencies are included in the first part of the agency's annual allocation.

LIVE UNITED™