



2024 DONOR DESIGNATION FORM

All funds raised during United Way of Hancock County's Annual Campaign go to work on our community's greatest priorities. Please use this form if you wish to direct your contributions in a specific manner.

NAME: _____ COMPANY: _____

HOME ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ PHONE NUMBER: _____

PLEASE DIRECT MY CONTRIBUTION TO ONE OF THE FOLLOWING:

COMMUNITY IMPACT: I want my donation to have the greatest impact on our community. Allow trained community grant volunteers to direct my investment to the community's highest priorities. \$ _____

UNITED WAY IMPACT AREAS: *Minimum contribution of \$100 is needed to qualify as a designated gift.* I would like a portion of my donation to be used in the following areas:

- Vulnerable Children Initiative \$ _____
- Financial Stability Initiative \$ _____
- Halt Hunger Initiative \$ _____
- Safety & Health \$ _____
- Housing \$ _____

LOCALLY FUNDED PARTNERS: *Minimum contribution of \$100 is needed to qualify as a designated gift.* I would like a portion of my donation to be directed to the following agency(ies) or program(s):

- | | |
|--|---|
| <input type="checkbox"/> American Red Cross \$ _____ | <input type="checkbox"/> Hope House \$ _____ |
| <input type="checkbox"/> Disaster Services \$ _____ | <input type="checkbox"/> Independence Program \$ _____ |
| <input type="checkbox"/> Cancer Patient Services \$ _____ | <input type="checkbox"/> Hope House Shelter \$ _____ |
| <input type="checkbox"/> Financial Assistance \$ _____ | <input type="checkbox"/> Open Arms Domestic Violence & Rape Crisis Services \$ _____ |
| <input type="checkbox"/> CASA/GAL of Hancock County \$ _____ | <input type="checkbox"/> Adult Victim Services \$ _____ |
| <input type="checkbox"/> Child Advocate Program \$ _____ | <input type="checkbox"/> Child Victim Services \$ _____ |
| <input type="checkbox"/> Challenged Champions Equestrian Center \$ _____ | <input type="checkbox"/> Salvation Army \$ _____ |
| <input type="checkbox"/> Equine-Assisted Therapy \$ _____ | <input type="checkbox"/> Emergency Food Pantry \$ _____ |
| <input type="checkbox"/> Children's Mentoring Connection of Hancock County \$ _____ | <input type="checkbox"/> Summer Enrichment \$ _____ |
| <input type="checkbox"/> Mentoring At-Risk Youth \$ _____ | <input type="checkbox"/> Scouting America, Black Swamp Area Council \$ _____ |
| <input type="checkbox"/> Christian Clearing House \$ _____ | <input type="checkbox"/> Scouting \$ _____ |
| <input type="checkbox"/> Food Vouchers \$ _____ | <input type="checkbox"/> The Center for Safe & Healthy Children \$ _____ |
| <input type="checkbox"/> Findlay Family YMCA \$ _____ | <input type="checkbox"/> Forensic Interview Program \$ _____ |
| <input type="checkbox"/> Feed-A-Child Program \$ _____ | <input type="checkbox"/> VITA (Volunteer Income Tax Assistance) |
| <input type="checkbox"/> Girl Scouts of Western Ohio \$ _____ | <input type="checkbox"/> UWHC's free tax filing service \$ _____ |
| <input type="checkbox"/> Scouting \$ _____ | <input type="checkbox"/> Volunteers United |
| <input type="checkbox"/> HHWP Community Action Commission \$ _____ | <input type="checkbox"/> UWHC's Volunteer Center \$ _____ |
| <input type="checkbox"/> Hancock Area Transportation Service (HATS) \$ _____ | <input type="checkbox"/> West Ohio Food Bank \$ _____ |
| | <input type="checkbox"/> Hancock County Food Distribution \$ _____ |
| | <input type="checkbox"/> Other Nonprofit of Choice \$ _____ |
| | <input type="checkbox"/> Fill in name: _____ |

ANOTHER UNITED WAY LOCATION: *Minimum contribution of \$100 is needed to qualify as a designated gift.* I would like to designate to another United Way:

CITY _____ COUNTY _____ STATE _____ AMOUNT \$ _____

Workplace Campaign Chair: Please copy this form as needed. A donor designation cannot be processed unless this sheet is attached to the employee's Pledge Card.