

Designation Card

Name: (required)

Company: (required)

Phone: (required)

Total Contribution \$ _____

Designation Amount \$ _____

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

United Way
of Central Minnesota



Agency: (required)

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

Agency Address: (required)

Agency Phone: (required)

Please release my information to the designated program

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