## Designation Card



Designation 6	aiu	of Central Minnesota Way
Name: (required)		Agency: (required)
Company: (required)	Raise	Agency must be eligible to receive tax deductible contributions under the IRS code  Agency Address: (required)
Phone: (required)	Stand!	
Total Contribution \$	\$ (Max	Agency Phone: (required)
Designation Amount \$		I wish to remain anonymous to the designated
Designated contributions are subject to processing f	ees and will be directed to the Com	program munity Investment Fund if a \$100 minimum is not met
<b>Designation C</b>	ard	United Way of Central Minnesota  Agonovi (contral)
Name: (required)		Agency: (required)
Company: (required)	Raise	Agency must be eligible to receive tax deductible contributions under the IRS code  Agency Address: (required)
Phone: (required)	Stand!	
Total Contribution \$	ylvasi	Agency Phone: (required)
Designation Amount \$		☐ I wish to remain anonymous to the designated
Designated contributions are subject to processing	fees and will be directed to the Con	program nmunity Investment Fund if a \$100 minimum is not me
<b>Designation C</b>	ard	United Way of Central Minnesota Way
Name: (required)		Agency: (required)



Name: (required)	
Company: (required)	
Phone: (required)	
Total Contribution \$	

Designation Amount \$\_



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

Agency Address: (required)

Agency Phone: (required)

 $\hfill \square$  I wish to remain anonymous to the designated