

Donor Designation Form (Optional)

United Way of the Battle Creek
and Kalamazoo Region

changethestory.org

LIVE UNITED



MY INFORMATION Please print. Personal information is never shared.

Mr. Mrs. Ms. Dr. (Please circle one)

First Name _____ Initial _____

Last Name _____

Home Address _____ Apt. #. _____

City _____ State _____ Zip _____

Employer _____

What is the best way to communicate with you?

E-Mail _____ Work
 Personal

Phone _____ Cell
 Work
 Home

Please print. Personal information is never shared.

MY IMPACT Please check and complete the appropriate boxes.

All programs working together to create a vibrant community where all people realize their full potential. _____ % or \$ _____

EDUCATION
Improve high school graduation rates.
_____ % or \$ _____

INCOME
Increase the number of economically stable households.
_____ % or \$ _____

HEALTH
Improve family and infant health.
_____ % or \$ _____

BASIC NEEDS
Ensure a safety net to help families in times of need.
_____ % or \$ _____

Designate to other 501 (c)(3)
(Organization Name & Address)

_____ % or \$ _____
_____ % or \$ _____
_____ % or \$ _____
_____ % or \$ _____
_____ % or \$ _____

* Note: If the organization written on this form does not respond to contact from us within 60 days, or lacks qualification, you will be contacted for an alternate designation choice.

We neither monitor, endorse, nor are responsible for how these organizations use dollars received through the designation program.

THANK YOU!

www.changethestory.org

For contributions made through payroll deduction, please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. United Way of the Battle Creek and Kalamazoo Region does not provide goods or services as whole or partial consideration for donations made by payroll deduction, cash, credit card, stock or by bill.

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tel 269.343.2524