



United Way of Saginaw County
100 S. Jefferson Avenue ■ 3rd Floor ■ Saginaw, MI 48607
T 989.755.0505 ■ F 989.755.2158 ■ www.UnitedWaySaginaw.org

DONOR INFORMATION – PLEASE PRINT

Name \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Daytime Phone \_\_\_\_\_
Email \_\_\_\_\_
Employer \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

Designation Policy

The section below allows you to designate to a qualifying health or human service agency which is tax exempt under Section 501(c)(3) of the IRS code. Designations must be \$50 or more per agency.

Amount \$ \_\_\_\_\_
Agency \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_

Amount \$ \_\_\_\_\_
Agency \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_

I do not want my name released to the above agency(s).

