

# Donor Choice Card

*United Way of Story County encourages you to support many needed community services with your one gift.  
However, if you prefer to make choices, please complete this card and return it with your pledge card.*

1. Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Do you want to have your name released to the designated agency(ies) of your contribution? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Select the donor option you prefer:

**Specific United Way of Story County partner agency(ies)** \_\_\_\_\_ \$ \_\_\_\_\_

**Specific area of service in Story County**

**I.** \$ \_\_\_\_\_ Self Sufficiency    **II.** \$ \_\_\_\_\_ Basic Needs    **III.** \$ \_\_\_\_\_ Children & Families    **IV.** \$ \_\_\_\_\_ Prevention & Support

**United Way in another county** \_\_\_\_\_ \$ \_\_\_\_\_

**Non-partner agency(ies) (see guidelines on back) \$ \_\_\_\_\_ (all information below must be completed)**

Name of agency \_\_\_\_\_ Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

**Exclude the following United Way of Story County partner agency(ies) from your gift** \_\_\_\_\_



## United Way of Story County

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### **Guidelines for designating to other agencies:**

- Donor must provide correct name, address, and phone number for agency.
- Agency must have federal tax exempt status, 501(c)(3).
- Agency must have as its primary purpose the provision of health and human services.
- Agency must be certified in compliance with anti-terrorism requirements.
- Agency must not be organized primarily for cultural, educational, religious, political, or animal welfare purposes.
- If a donor gives inaccurate or incomplete information, or if the designated agency does not qualify, these funds will be distributed in accordance with United Way of Story County allocations policies and procedures.
- Donor-designated pledges or contributions are assessed an administrative fee

*Please consider including United Way of Story County in your estate plan.*