

# DONOR DESIGNATION FORM



Name

Mailing Address

Employer

E-Mail

Phone  Method of Payment  Direct Bill

Total Designation   Cash/Check  Payroll Deduction

Check here if you would like to be acknowledged by the agency for your contribution. *If you choose to be acknowledged your information will be shared. If you do not select this your information will not be shared.*

Signature  Date

**OPTION A:** I choose not to designate my contribution.

**OPTION B:** I would like to designate to **The United Way of Cleveland County.**

**OPTION C:** Designate to a **United Way of Cleveland County Member Agency.**  
Select the agency below that you would like to designate to.

- |  |  |
|--|--|
| <input type="checkbox"/> Abuse Prevention Council, Inc.                  | <input type="checkbox"/> Foster Grandparent Program                                |
| <input type="checkbox"/> Alconon, Inc./ Serenity Club                    | <input type="checkbox"/> Habitat for Humanity of Cleveland County                  |
| <input type="checkbox"/> American Heart Association                      | <input type="checkbox"/> VIA Health Partners - Founded as Hospice Cleveland County |
| <input type="checkbox"/> American Red Cross Disaster Relief Services     | <input type="checkbox"/> Hearts & Hooves Therapeutic Riding                        |
| <input type="checkbox"/> Boy Scouts of America, Piedmont Council         | <input type="checkbox"/> Kings Mountain Crisis Ministry                            |
| <input type="checkbox"/> Boys & Girls Club of Cleveland County           | <input type="checkbox"/> Life Enrichment of Cleveland County                       |
| <input type="checkbox"/> Children's Homes of Cleveland County            | <input type="checkbox"/> Mental Health Association of Cleveland County             |
| <input type="checkbox"/> Cleveland Co. Community Development Corp.       | <input type="checkbox"/> South Mountain Children & Family Services                 |
| <input type="checkbox"/> CC Fund for Children and Adults w/ Disabilities | <input type="checkbox"/> The Children's Advocacy Center                            |
| <input type="checkbox"/> Cleveland County Council on Aging               | <input type="checkbox"/> The Salvation Army  |
| <input type="checkbox"/> Washington Outreach Ministry                    |  |
| <input type="checkbox"/> Communities in Schools of Cleveland County      |  |
| <input type="checkbox"/> Community Math Academy                          |  |

**OPTION D:** Designate to another **United Way.**

United Way Of (County)  State

**OPTION E:** Designate to another **Non-profit** or **health and human service agency.**

Agency Name

Mailing Address

City/State/Zip  Phone