## **DESIGNATION CARD**

To direct your gift, please fill out the information below and select one of the options on the back of this card. Minimum designation of \$50 per year.

Name:			Company:			
Address:						
City:	State:	Zip:	Cell Phone:			
Email:						
Signature:			Date:			
□ I DO NOT WANT my name and home address released to the organization(s) I have designated.						

PLEASE SEE REVERSE SIDE

## Options to Give.



Rappahannock United Way's Community Impact F	Rappahannock United Way Member Agency:		
I trust United Way to put my money where it does t	he most good in our community.		\$
■ Education	(Annual Amount)	(Write in Rappahannock United Wo	ay (Annual Amount)
I want to support local children starting with early araduation and career readiness. \$	learning through on-time	Member Agency of your choice.)	
(Annual Amou	int)	☐ Alternative Agency*:	
☐ Financial Stability  I want to support local households being financial employment and good money habits. \$	ly stable through steady	(Write in Organization of y	your choice.) \$(Annual Amount)
Healthy Living I want to support local individuals and families to a every stage of their lives. \$	maintain health and wellness at —	Agency Address	
(Allituat Allibuilt)		City	State Zip
☐ Basic Needs  I want to support my neighbors through emergence and food assistance. \$	ies such as housing, medical	services agency and agency address mus Rappahannock United Way. An administr	ative fee will be deducted from all contributions nimum donation of \$50 is required or the gift will