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 r	ny name and home addre	see released to the ora	anization(s) I have designated	

PLEASE SEE REVERSE SIDE

BE THERE

OPTIONS TO GIVE.



Rappahannock United Way's Community Imp I trust United Way to put my money where it o		Rappahannock	United Way Member Agen	cy:
ALICE® Assistance I want to help local households financially im	(Annual Amount) pacted by life events such as death	(Write in Rappahan Member Agency of	•	(Annual Amount
of a loved one, divorce, major health issue, jo	b loss, or COVID-19. \$(Annual Amount)	☐ Alternative Age	ncy*:	
☐ Education	(Allidat Allibuitt)			.
I want to support local children starting with a graduation and career readiness. \$	early learning through on-time	(Write in O	Organization of your choice.)	\$ (Annual Amount
☐ Financial Stability I want to support local households being fina employment and good money habits. \$	ncially stable through steady	Agency Address		
. , . ,	(Annual Amount)	City	State	Zip
Healthy Living I want to support local individuals and familie every stage of their lives. \$	es to maintain health and wellness at	services agency and ag Rappahannock United designated to Alternati	tered with the IRS as a 501(C) 3 nonpri gency address must be included or gift way. An administrative fee will be dedutive Agencies. A minimum donation of \$ approck United Way.	will be allocated to acted from all contributions 50 is required or the gift wi