

STOP! Please review reverse side first

Optional Contributor Choice

Designation requests must be received by Dec. 31.

NOTE: If you want local, trained United Way volunteers to invest your contribution to help the most people in this community, your signature on the reverse side will direct your gift to the **Community Care** fund.

Please read the following Contributor Choice options carefully. If you have any questions, call United Way of Marion County at (352) 732-9696.

Community Care I want my gift distributed by experienced volunteers who make sure it benefits those who need it most; however, please *exclude*:

_____ (Name of Agency/Program)

Targeted Care I want part or all of my gift designated to programs in the following impact areas:

\$ _____ Meeting Survival Needs and Basic Skills

\$ _____ Fostering Self-Sufficiency

\$ _____ Strengthening Our Families

\$ _____ Nurturing Our Children

Specific Care I want to designate part or all of my gift to a local human care charity or another United Way. I understand that a minimum annual donation of \$25 is required and that a fee for administration and collections will be deducted from my gift. United Way of Marion County **DOES NOT** provide fiscal or program oversight for these designated funds:

The agency must have tax-exempt status with the Internal Revenue Service under 501(c)(3), its primary purpose must be in the health and human services field, and it must serve Marion County residents. International agencies, hospitals, churches and other primarily religious organizations, educational institutions and foundations, plus the arts, cultural, and environmental organizations are not eligible. The contributor may also designate another United Way to be the recipient of the gift.

_____ Organization/Amount of designation

_____ Organization/Amount of designation



**United Way
of Marion County**

**Thank
You!**