

United Way of Dickinson, Inc. Donor Choice Form



United Way
of Dickinson

Donor Choice Program

If you wish to designate all or part of your gift to a specific agency, please complete this form and return it with your pledge card. Designations are applicable for one year only and must be renewed.

AGENCY: _____

Name _____ (Please Print)

Address _____

City, State, Zip _____

Company _____

I wish to designate \$ _____ of my annual pledge.
My total annual pledge is \$ _____. Yes, I have filled out a pledge card.

Payroll Deduction Cash or Check Direct Bill

On-Line/ Credit Card Donation: www.dickinsonunitedway.org
(receipt must be attached to pledge card)

Signature _____ Date _____

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