DESIGNATION CARD



Please attach this card directly to your United Way Please form

riedse attacii	this card directly to your officed	United Way of Southeast Mississippi	
Donor Name:			
Signature (req	uired):	Date:	-
	specific amount of your donation to amount must be at least \$50 per ag	a qualifying 501(c)(3) nonprofit agency, ency.**	please complete the section below.
Amount: \$ Agency: Address (if not a UWSEMS partner agency):		Amount: \$ Agency: Address (if not a UWSEMS partne	
City:	State: Zip:	City: State:	Zip:

I do not want my information released to the above agency(s).