UNITED WAY MEMBER AGENCY DESIGNATION FORM

NOTE: For use only in relation to contributions to the United Way Community Services of S.E. Michigan.

INSTRUCTIONS: Intra-Company mail:
NESC building, HR Policies and Programs

U.S. mail:
Ford Motor Company, NESC
United Way program
P.O. Box 6214
Dearborn, MI 48121-6214

NAME: _____ SOC. SEC. NO.: _____
(Please print.)

ADDRESS: _____ EMPLOYER: _____

CITY: _____ DEPT. / DIV.: _____

STATE: _____ LOCATION: _____

NOTE: If designations are not authorized via the annual Campaign pledge card or website, a new designation form must be completed each year. Please make only one designation per form.

UNTED WAY MEMBER AGENCY OR OTHER UNITED WAY: _____

MEMBER AGENCY CODE: _____ Account No.: _____
(For UW use only.)

ANNUAL AMOUNT CONTRIBUTED: _____ ANNUAL AMOUNT DESIGNATED: _____

NOTE: ANNUAL dollars MUST be indicated for processing of your request to be completed. Forms will NOT be returned.

SIGNATURE: _____ DATE: _____

Please check if acknowledgement is requested: _____

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