

**UNITED WAY OF GASTON COUNTY, INC.**  
**DONOR CHOICE FORM**



**A minimum of \$50.00 total annual contribution is required to process your designation.**

**1. Please PRINT the following information:**

\*Employee Name \_\_\_\_\_  
 \*Home Address \_\_\_\_\_  
 \*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \*Company Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 \*Required to process your Donor Choice Form. (office use: IID# \_\_\_\_\_ Org.# \_\_\_\_\_ )

1. Targeted Care	2. Specific Care	3. Other Targeted Care
<p>I would like my gift of \$ _____ to support one of the following health and human service impact areas in Gaston County:</p> <p><b><u>Impact Areas</u></b></p> <p><input type="checkbox"/> Promoting Health &amp; Wellness</p> <p><input type="checkbox"/> Helping Children &amp; Youth Succeed</p> <p><input type="checkbox"/> Improving Individual's Employability</p> <p><input type="checkbox"/> Providing For The Elderly</p>	<p>I would like my gift of \$ _____ to support the following United Way of Gaston County agency: (codes are on the back of this form)</p> <p><b><u>Agency Name:</u></b> _____</p> <p>Agency Code: _____</p> <p><b><u>Agency Name:</u></b> _____</p> <p>Agency Code: _____</p>	<p>I would like my gift of \$ _____ to support another United Way or United Way agency in another city/state. (partial code list on the back of this form) Provide county/city and state.</p> <p><b><u>United Way or Other United Way Agency Name:</u></b> _____</p> <p>Agency Code: _____</p> <p>Agency: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p>

**2. Total Gift from the blanks above \$ \_\_\_\_\_.** (This total should match the total gift on your pledge card.)

To be paid: \_\_\_\_ Cash/check \_\_\_\_ Direct Bill \_\_\_\_ Payroll Deduction

**3. I *authorize* the United Way of Gaston County to release my name and home address to the designees above to inform them that I have directed my gift to them.**

**Signature \_\_\_\_\_ - OR-  I wish to remain *anonymous*.**

# **AGENCY DONOR CHOICE CODES**

## **United Way of Gaston County Partner Agencies**

A.C.P.P.	0485	Flynn Fellowship Home	0032
Adult Day Care	0001	Gaston Boys & Girls Club	0033
Alliance for Children & Youth	0002	Gaston County Family YMCA	0073
American Red Cross	0004	Gaston Literacy Council, Inc.	0037
ARC of Gaston County	0005	Girl Scouts of the Pioneer Council	0057
Bessemer City Crisis Center	0009	Heart Society of Gaston County	0040
Boys & Girls Clubs of Greater Gaston	0071	Hospice of Gaston County	0041
Camp Sertoma	0016	Mt. Holly Community Relief Org.	0015
Cancer Services of Gaston County	0035	Piedmont Council – Boy Scouts	0056
Cherryville Area Ministries	0018	S.O.C.K.S.	0096
Cherryville Rescue Squad	0019	The Salvation Army	0061
Dallas High Shoals Christian Ministry	0026	Salvation Army Boys & Girls Club	0062
Family Service, Inc.	0030	Stanley Civil Defense/Rescue	0067

## **Surrounding United Way Agency Codes**

Cabarrus County United Way	0114	United Way of Cleveland County	0068
Catawba County United Way	0078	United Way of Lincoln County	0047
United Way of Central Carolinas - Mecklenburg County	0050	United Way of York County, SC	33555

United Way honors designations only to United Way of Gaston County partner agencies and other United Ways and their partner agencies.

Please note that if we cannot verify your donor choice information, your donation will be placed in the Community Impact Fund where monies are distributed by volunteers.

In order for your gift to be applied to the appropriate agency, United Way must RECEIVE THIS FORM WITH YOUR PLEDGE CARD.

*Thank You!*

Office Use Only:      Envelope#: \_\_\_\_\_      Date: \_\_\_\_\_      Staff Initials: \_\_\_\_\_