

United Way of Greenwood and Abbeville Counties Donor Designation Form

This form should be used only by donors who wish to designate all or a portion of their gift. To designate, a minimum of \$50 per designation is required. To insure proper processing, this form must be returned with your pledge card or gift.

COMMUNITY IMPACT FUND

**THIS IS THE BEST CHOICE TO HELP THE MOST PEOPLE IN
GREENWOOD AND ABBEVILLE COUNTIES.**

I WANT TO INVEST \$ _____ IN THE COMMUNITY IMPACT FUND.

Invest in Community Impact!

I would like my investment of \$ _____ to help change lives in one of the following Community Impact Areas: (Please Circle Your Choice)

Education: To provide a foundation for the youth of our community that will help them grow and prosper

Health: To help achieve measurable improvements in the health status of those who live in Greenwood and Abbeville Counties

Young Children: To help children up to six years of age achieve their full physical, emotional and intellectual potential

Crisis: To help provide a safety net of services for those facing emergencies

Strengthening Families: To help adults overcome unique obstacles and allow them to lead self-sufficient lives

Economic Development: To harness public and private resources in order to become an economically vibrant Community

Specific Care

Gifts may be made to United Way certified programs, United Ways in other communities or other charitable agencies. United Way does not evaluate non-certified charities and makes no claims or guarantees about the effectiveness of their programs. In accordance with USA Patriot Act, United Way reserves the right to withhold gifts to organizations which do not certify compliance with the Act or other Homeland Security regulations.

Agency Name and Address: Greenwood Torres Soccer Club, PO Box 1422, Greenwood, SC 29648
(Lakelands) ID# 26-0075086

Check here **ONLY** if you want to be acknowledged by the recipient charity _____ (United Way will protect the anonymity of our donors names unless this is checked.)

Donor Information: (Please Print)

This section must be complete to process your request.

Name _____

Total Annual Pledge \$ _____

Billing Address _____

Amount Designated \$ _____

Company Name _____

Method of Payment: Cash _____
Check _____
Payroll Deduction _____
Direct Bill _____

Signature _____

_____ **Annual** _____ **Semi Annual** _____ **Quarterly**