

# LIVE UNITED



## 2017

# DONOR CHOICE FORM UNITED WAY OF FAIRFIELD COUNTY

## 2017 UNITED WAY AGENCIES

American Red Cross  
Big Brothers/Big Sisters  
Boy Scouts of America, Simon Kenton Council  
By The Way Clinic  
Canal Winchester Human Services  
Community Action/Fairfield County Food Pantry  
Fairfield Center for Disabilities & Cerebral Palsy  
FairHoPe Hospice & Palliative Care  
Foundation Dinners  
Girl Scouts of Ohio's Heartland Council  
Harcum House/Child Advocacy Center  
Information & Referral Services—211  
The Lighthouse

Lutheran Social Services  
-Fairfield Co. Emergency Shelter  
-Fairfield Co. Transitional Housing  
Maywood Mission  
Mid-Ohio Psychological Services  
New Horizons Youth & Family Center  
PCMA Pickerington Food Pantry  
Pickerington School WISE Program  
Robert K. Fox Family YMCA  
Salvation Army/Samaritan Center  
The Recovery Center  
Wesley Ridge Adult Services

**UNITED WAY OF FAIRFIELD COUNTY**  
**2017 DONOR CHOICE**



Name (print) \_\_\_\_\_ Donation \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Signature \_\_\_\_\_

**Please choose how you want to invest in your community:**

- I choose to invest 100% of my contribution in the United Way Community Fund to help advance the common good.
- Agency Exclusion: Please distribute my contribution through the Community Fund to all except: \_\_\_\_\_
- I choose to invest my contribution in one of the following targeted areas:

**EDUCATION**  
**HELPING CHILDREN & YOUTH SUCCEED**

Children are entering school prepared to succeed. Youth are successfully transitioning to adulthood and independence.

**Financial Stability**  
**PROMOTING FAMILY STABILITY (Basic Needs)**

Households are stable and have access to resources, including food and shelter, in times of crisis.

**HEALTH**  
**PROMOTING HEALTH, MENTAL HEALTH & WELLNESS**

Individuals and families are mentally and physically healthy and have access to services and healthy choices.

AMOUNT \$

AMOUNT \$

AMOUNT \$

- I choose to designate my gift to a specific United Way agency:

\_\_\_\_\_ (complete listing of agencies on reverse side)

- I choose to designate my gift to a specific United Way agency:

\_\_\_\_\_

United Way

City

County

State

- I wish to remain anonymous and request that my name not be released.

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PLEASE make certain this form is filled out **COMPLETELY** to ensure that your pledge is processed correctly.  
All donor choice requests must be presented to the United Way of Fairfield County by 12/31/17.