


COVID-19 Community Relief Fund Donation Form

	<p>Donation Amount:</p> <p><input type="checkbox"/> Share among local services -or- specify below</p>
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Please apply my donation to a specific program, agency, or 501 (c) 3 organization that was instrumental in serving our community during the COVID-19 State of Emergency:

Organization and Primary Contact: _____

Mailing Address and Phone: _____

Please update my contact information:

Name (s) _____

Address _____

Email _____

Phone _____ cell _____ home

Payment type check enclosed bill me later

Please keep for your records:

Date: _____

Donation Amount: _____

Please mail donations to White County United Way, Inc., PO Box 580, Monticello, IN 47960.
Donations may be tax deductible. Please retain this record and consult your tax professional. No goods or services were exchanged for this donation. Tax ID# 35-1137113