

DONOR DESIGNATION FORM

This form is for all employees who would like to make contributions to UNICEF USA. Your support of any amount will help UNICEF provide children around the world with health care and immunizations, clean water and sanitation, nutrition, education, emergency relief, and more. Together, we can make sure that the wellbeing of children is a first priority all around the world.

1. PERSONAL INFORMATION

Name (Circle one: Mr. Ms. Mrs. Dr.): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____

Daytime Phone: _____ Employee ID: _____ Dept/Location: _____

Email Address: _____

2. PAYMENT OPTIONS

Please choose **ONE** payment method:

Payroll Deduction – I hereby authorize the total deduction of (please circle one or assign your own amount) per paycheck effective immediately:

\$5 \$10 \$15 \$25 \$30 \$35 \$45 \$50 \$75 \$100 \$ _____ (assign your own amount)

Credit Card Charge – I hereby authorize my credit card to be charged for my one-time gift:

\$5 \$10 \$15 \$25 \$30 \$35 \$45 \$50 \$75 \$100 \$ _____ (assign your own amount)

Credit Card Type (Circle one): MasterCard Visa American Express Discover Diner's Club

Card Number: _____ Exp. Date _____

Check or Money Order – I have provided a check or money order made payable to "UNICEF USA" for my one-time gift:

\$5 \$10 \$15 \$25 \$30 \$35 \$45 \$50 \$75 \$100 \$ _____ (assign your own amount)

3. AUTHORIZATION

Please sign here to authorize your gift.

X _____ Date: _____

THANK YOU FOR SUPPORTING UNICEF USA!

Please return this form to your campaign leader. For more information on UNICEF's lifesaving programs, visit www.unicefusa.org.



children first.