DESIGNATION OPTIONS (\$50.00 minimum):

I want to fund specific fields of service where local efforts are mobilized to address priority issues and core services.

Learn Well \$ _____

Earn Well \$

Stay Well \$ _____

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I would like to give an **additional \$25.00** to support one of the following United Way of Trumbull County Initiatives.

- O Reading Great by 8 Literacy Initiative \$ _____
 - Ohio Governor's Imagination Library \$ _____
 - Trumbull County Partnership for Financial Empowerment \$ _____
 - O Diabetes Prescription Assistance \$ _____

I wish to direct a portion of my contribution to a specific 501(c)3 health and human service provider.

	\$
Agency(s) Name	Donation Amt.

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UNITED WAY OF TRUMBULL COUNTY

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First Name			МІ		Last Name		Birth Month/Year	
Address Office Phone		City/State/ZIP		Company	Offic	ce Email		
			Personal Email				Cell Phone	
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\$50	\$40	\$25	\$10	Other Amount \$ If writing a check make paya	-		 O Twice a month (24/year) bull County 	YOU!
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Signature Date			See designation options on the reserve side.					
				N HELPING	THRIV	E.		

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Providing opportunities to

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STAY WELL

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