

LIVE UNITED™

United Way
of Greater Fall River



2018 CAMPAIGN ROLLOVER AUTHORIZATION FORM

Name: _____

Company: _____

Current # of employees: _____

Current # of donors: _____

**Please attach a copy of the current contributors and donation amounts.
Remember that United Way does not sell, trade, or disclose its donors' personal
information.**

I authorize the United Way to roll over last year's contributions for the 2018- 2019 campaign
in the amount of \$_____

Corporate match \$ _____

Signature: _____ Date: _____

Please fax and return to the United Way of Greater Fall River.

Fax: 508-678-3947

THANK YOU!