UNITED WAY MEMBER AGENCY DESIGNATION FORM

NOTE: For use only in relation to contributions to the United Way Community Services of S.E. Michigan.

INSTRUCTIONS:	Intra-Company mail: NESC building, HR Policies and Programs		
	U.S. mail: Ford Motor Compa United Way progra P.O. Box 6214 Dearborn, MI 4812	nm .	
NAME:		SOC. SEC. NO.:	
(Plea	ase print.)		
ADDRESS:		EMPLOYER:	
CITY:		DEPT. / DIV.:	
STATE:	ZIP:	LOCATION:	
		Washtenaw United Way/Michigan Chinese ER UNITED WAY: (29175 Shenandoah, Farmington Hills, MI 4	School I8331)
MEMBER AGENCY	CODE: 0020	Account No.: (For UW use only.)	
		(For UW use only.)	
ANNUAL AMOUNT	CONTRIBUTED:	ANNUAL AMOUNT DESIGNATED:	
NOTE: ANN		indicated for processing of your request to be completed. ns will NOT be returned.	
SIGNATURE:		DATE:	
Please check if acknow	wledgement is requested:		
MICS 2123 1001		6/91 100M D1	