



United Way  
of Southeastern Pennsylvania

## DONOR CHOICE PROGRAM

### Agency Eligibility Application 2007-2008

#### INSTRUCTIONS

**Please type or print in ink.**

**Please submit the following required documents with this application.**

- a. Copy of your organization's official letter of 501(c)(3) tax status from the Internal Revenue Service. (State tax board letters, copies of tax returns, employer ID numbers or expired advance rulings may not be substituted for the IRS letter.) See enclosed example.
- b. Official documents stating primary purpose of organization and programs. (Examples: descriptive program brochure, by-laws or annual report)
- c. List of your organization's board members.
- d. A completed and signed Patriot Act Compliance form.

**Please answer all questions. Only complete applications will be considered.**

#### AGENCY INFORMATION

1. Official Agency Name: \_\_\_\_\_

2. AKA: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Telephone Number: ( ) \_\_\_\_\_ 5. County agency located in: \_\_\_\_\_

6. Organization's primary purpose: \_\_\_\_\_

7. Brief description of activities: \_\_\_\_\_

8. Target client group: \_\_\_\_\_

9. Service area: \_\_\_\_\_

10. Please answer each of the following questions:

- a. Do you provide or support human health and/or social services? Yes  No
- b. Do you have a 501(c)(3) tax-exempt status from the Internal Revenue Service? Yes  No
- c. Do you have a volunteer Board of Directors? Yes  No
- d. Have you ever been, or are you presently, prohibited from soliciting contributions in Pennsylvania, New Jersey, Delaware or your home state? Yes  No
- e. Have you ever been found in violation of, or are presently under investigation for having violated any charitable solicitation statutes in the above named states? Yes  No
- f. Does your organization receive support from other United Ways? Yes  No   
If yes, which one(s)? \_\_\_\_\_
- g. Is your organization the national headquarters for regional or local branches? Yes  No   
If yes, briefly describe the support provided to branches in our area. \_\_\_\_\_  
\_\_\_\_\_
- h. Is your agency a branch, division, or subsidiary of another organization? Yes  No   
If yes, please provide the name of that organization. \_\_\_\_\_
- i. Is your organization a government agency? Yes  No

**I CERTIFY THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS APPLICATION IS TRUE.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**NAME (please print)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**E-MAIL ADDRESS**

Please refer application questions to **our Donor Services Department** at **215-665-2598, option 2.**

**RETURN APPLICATION AND REQUIRED DOCUMENTS TO:**

**Yvonne Seabrook  
Donor Choice Program Coordinator  
United Way of Southeastern Pennsylvania  
Seven Benjamin Franklin Parkway  
Philadelphia, PA 19103**