



United Way of the
Tanana Valley
P O Box 74396
Fairbanks, AK 99707
Phone: (907) 452-7211
Fax: (907) 452-7270

MEMO

Date: March 17, 2008
To: Agency Director, Donor Option Organizations
From: Margarita Bell, United Way of the Tanana Valley
Subject: 2008 Donor Option Application

United Way of the Tanana Valley provides donors the opportunity to give to a wide range of non-profits through our annual campaign.

The enclosed application form has been developed to satisfy all requirements that govern the conduct of the Donor Option Program. A copy of the policy is available upon request. Eligibility determinations will be mailed or faxed by May 16, 2008.

Based on past experience and to ensure your applications timely review, the following tips have been provided:

Complete application: All required documents must be submitted by May 9, 2008. Missing documents will not be accepted after the deadline. As such, an incomplete application may be considered ineligible.

Verification of tax status: An IRS tax determination letter must be submitted with the application or be on file which specifically states that contributions to your organization are tax deductible to the contributor.

Prohibition of direct solicitation: By signing this application, you agree not to solicit contributions directly for your organization through the Donor Option Program during the fall campaign.

Thank you for your commitment to building a better community. If you have any questions regarding the application or process, please call Margarita Bell at 907-452-7211 extension 24.

**The application deadline for organizations seeking inclusion in the
2008 Donor Option Program is 1:00 p.m., Friday, May 9, 2008.
Applications must be postmarked no later than May 9, 2008.**



United Way of the Tanana Valley
 P O Box 74396
 Fairbanks, Alaska 99707
 Phone: 907-452-7211 Fax: 907-452-7270

2008 DONOR OPTION FORM

Agency Name: _____

Executive Director: _____

Contact: _____ Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Is your tax-exempt status granted through a parent organization? _____

If yes, please state the parent organization name and address:

Briefly describe your agency's program(s) and service location(s):

Please be aware that directly soliciting contributions through the Donor Option program is prohibited from September 1st to November 15th. Do you comply with this agreement and want to be included on a Donor Option List for use in the fall campaign?

No _____ Yes _____

Please enclose an IRS tax determination letter that specifically states that contributions to your organization are tax deductible to the contributor.

Enclosed _____ On-File _____

We hereby certify that the information listed above is true. We also understand that we are required to inform your office of services or tax status changes that may render us ineligible to receive Donor Option program funds.

 Board President (Date)

 Executive Director (Date)