

# LIVE UNITED



**United Way  
of Greater Philadelphia  
and Southern New Jersey**

## **DONOR CHOICE PROGRAM Agency Eligibility Application Form**

Official Agency Name:	
Alternative Name:	
Mailing Address:	
Physical Address (required if different from Mailing Address):	
Telephone Number:	Website:
<input type="checkbox"/> This agency qualifies for tax deductible status under the group exemption of a parent organization. <i>*If checked, a confirmation letter on the parent organization's letterhead stating that your agency falls under its IRS group exemption must be included with your application, along with the documents listed below.</i>	

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

- a) Nonrefundable application fee of \$100, payable to United Way of Greater Philadelphia and Southern New Jersey by check or money order.
- b) Copy of your organization's official letter of 501(c)3 tax status from the Internal Revenue Service.  
*\*Agencies qualifying under a group exemption must provide a copy of the parent organization's IRS tax-exemption letter and group exemption letter.*
- c) A completed and signed Patriot Act Compliance Form.

**I certify that the information contained in and attached to this application is true.**

_____	_____
NAME (Please Print)	DATE
_____	_____
SIGNATURE	TITLE

**Please refer application questions to Yvonne Seabrook at 215-665-2598, option 2.**

**RETURN APPLICATION, FEE AND REQUIRED DOCUMENTS TO:**

**Yvonne Seabrook  
Customer Operations Manager  
United Way of Greater Philadelphia & Southern New Jersey  
1709 Benjamin Franklin Parkway  
Philadelphia, PA 19103**