



**DONOR CHOICE PROGRAM
Agency Eligibility Application Form 2011-2012**

Official Agency Name/AKA:	
Mailing Address:	
Telephone Number:	Website:
Organization's Primary Purpose:	
<input type="checkbox"/> We provide Health and Human or Social services. Please describe:	

Please submit the following required attachments with this application.

- a) Copy of your organization's official letter of 501(c)3 tax status from the Internal Revenue Service.
- b) Official documents stating primary purpose of organization and programs, such as annual report or program brochure.
- 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 AND REQUIRED DOCUMENTS TO:

**Yvonne Seabrook
 Customer Operations Manager
 United Way of Southeastern Pennsylvania
 1709 Benjamin Franklin Parkway
 Philadelphia, PA 19103**