

UNITED WAY FINANCIAL REPORTING FORMS

2016-2017

PLEASE FILL OUT ALL INFORMATION--REQUIRED

AGENCY: _____

MAILING ADDRESS: _____

CITY, STATE, ZIPCODE: _____

Telephone: _____

Fax: _____

Email address: _____

Web page (if applicable) _____

EIN# _____

AGENCY DIRECTOR: _____

Address: _____ (if different from above)

Phone: _____ Fax: _____ (if different from above)

E-mail: _____ (if different from above)

DIRECTOR'S ASSISTANT: _____

For the Fiscal Year

_____ November 2016 _____ to _____ October 2017 _____

Presented United Way of the Mark Twain Area on _____
(Name of Funding Body) (Date)

This budget was considered and approved for submission at the Board of Directors Meeting on _____
(Date)

Chief Professional Officer

President or Other Authorized Official

BOTH SIGNATURES REQUIRED

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