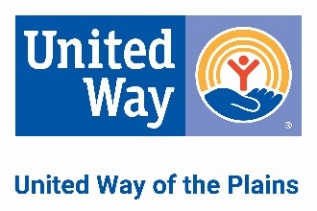
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| --- | --- |
| A picture containing text, clipart  Description automatically generatedUNITED WAY 211 AGENCY FORM |  |
|  |  |

Complete all applicable information on this form. You may attach brochures or other documentation which may aid in a better understanding of services provided. Please type or print carefully.

**EMAIL** completed form to: [hpierce@unitedwayplains.org](mailto:hpierce@unitedwayplains.org). **ATTACH** a copy of your IRS 501(c) status (if applicable).

Date:

Agency Name:

Address (Street, City, State, ZIP):

Mailing Address (if different):

Email: Website:

Phone: Alt. Phone:

Fax: 24 hr or 8YY:

Person in Charge: Title:

Contact Person: Title:

*\*Communicates with 211 for listing updates*

Hours:

Agency Type (check one):

o Government o Profit

o Religious o Private, Non-Profit

o Volunteer o Public, Non-Profit

Purpose:

Handicap Access? o Yes o No

Person Completing This Form: