



# 2018 United Way Work Place Giving Campaign

## Volunteer Registration

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*Name*

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*Business/Organization*

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*Mailing Address*

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*City/Zip*

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*Business Phone*

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*Cell Phone*

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*Fax*

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*Email*

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*Payroll Contact*

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*Phone*

---

*Email*

Please Return To:

United Way  
P.O. Box 7217  
Kalispell, MT 59904

Phone: 752-7266  
FAX: 755-7266

email: [admin@unitedwaycares.org](mailto:admin@unitedwaycares.org)

*Thank You For Reaching Out And Changing Lives!*

