

**Donor Choice Online Reporting Enrollment Form**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
EIN Number (Tax ID)

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Contact

\_\_\_\_\_  
Phone Contact

Please return to:  
Accounts Payable Staff  
United Way of (Specific County you are signing up for)  
1301 Hannah Avenue  
Knoxville, TN 37921

OR

Email to:  
[APStaff@unitedwayknox.org](mailto:APStaff@unitedwayknox.org)

OR

Fax to: (865) 522-7312