**USA Patriot Act Compliance Date:\_\_\_\_\_\_\_\_\_\_\_\_**

Your organization has been designated by a donor(s) to receive a gift through our recent campaign. In compliance with the US Patriot Act, United Way of Frederick County, Inc. requires all agencies receiving funds through the United Way Campaign to complete the Anti-Terrorism Compliance Measures form below.

Please return the completed form to David Bausum at  **[dbausum@uwfrederick.org](mailto:dbausum@uwfrederick.org) or mail to United Way of Frederick County, Inc. PO Box 307 Frederick, MD 21705-0307** within 15 days of receipt. If form is not returned within 15 days, the payment will be designated elsewhere.

**WE CANNOT DISBURSE FUNDS TO YOUR ORGANIZATION UNTIL WE HAVE RECEIVED YOUR COMPLIANCE FORM FILLED OUT COMPLETELY, SIGNED, AND DATED.**

**Agency Legal Name**:

**EIN/Taxpayer ID**:

**Address**:

**Email**: **Phone**:

**ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA Patriot Act and other counterterrorism laws, UWFC requires that each agency certify the following:

“I hereby certify on behalf of

**(Agency Name – Please Print)**

that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws,

statutes and executive orders.”

**Please check whichever box below as appropriate to your agency:**

“I certify that our agency ***IS*** tax exempt under section 501(C)(3) of the Internal Revenue Code (IRC) and that any contributions to our agency are tax deductible under section 170(c) of the IRC. Furthermore, I also certify that our agency’s tax exemption has not been revoked by the IRS.”

“I certify that our agency does ***NOT*** have tax exempt status under 501(C)(3) of the Internal Revenue code.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_