

JOIN THE FIGHT

Heart of Indiana
United Way

United
Way



1. CONNECT

Prefix

First Name

MI

Last Name

Suffix

Birth Year

Home Address

City

State

ZIP

Cell Phone Number

Permanent Email Address

Employer

By providing your email, you agree to receive email communication from Heart of Indiana United Way.

2. INVEST

My total investment this year is \$

☐ PAYROLL DEDUCTION THROUGH MY EMPLOYER

I want to pledge the following amount per pay period: \$

Number of pay periods:

☐ CASH/CHECK

Amount enclosed \$

Check #

Make checks payable to Heart of Indiana United Way

☐ BILL ME

Choose a frequency

☐ Monthly (x 12)

☐ Quarterly (x 4)

☐ Bill me one time on:

MM/YY

☐ CREDIT CARD

To donate by credit card or ACH, please visit HeartOfIndianaUnitedWay.org.

For qualified charitable deductions, stocks, and securities please call 765-288-5586.

3. IMPACT

☐ **Option A:** *United Way Community Fund - Giving unrestricted is the most powerful way to invest your contribution!*

☐ **Option B:** *Give to an issue important to you*

☐ **Education**

Helping children reach their full potential by starting school prepared and reading at grade level by the 3rd grade.

AMOUNT:

☐ **Financial Stability**

Supporting individuals and families on their path to becoming financially secure.

AMOUNT:

☐ **Health**

Ensuring that each individual has access to quality healthcare to live a long, healthy life.

AMOUNT:

☐ **Equity Advancement Fund**

Supporting efforts that serve underrepresented or under-resourced persons in our community.

AMOUNT:

☐ **Option C:** *Restrict my gift to a specific county or agency*

☐ Delaware County

☐ Fayette County

☐ Henry County

☐ Madison County

☐ Randolph County

AMOUNT:

501(c)3 AGENCY NAME AND ADDRESS (required if selecting agency):

***Note:** Heart of Indiana United Way complies with United Way Worldwide membership requirements on administrative and fundraising cost deductions.

4. RECOGNIZE

How would you like your name to appear in recognition?

(Example: John & Jane Smith, Dr. Jane Smith, John Jones & Jane Smith)

☐ I prefer to remain anonymous

☐ Combine my pledge with my spouse/family member:

Please list name

SIGN & DATE



Signature

Date

Signature required for payroll deduction

Thank you for investing in United Way. No goods or services were provided in exchange for this gift. You will need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization for your tax records. Consult your tax advisor for more information.