

For the next 100 years, United is the Way.



TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____ DEPARTMENT _____ 9-DIGIT BSU ID NUMBER _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ BIRTH YEAR _____

PRIMARY PHONE (INDICATE TYPE) _____ DAYTIME PHONE _____

I PREFER TO REMAIN ANONYMOUS

Want to see how your contribution is making a difference?

Yes, I do!

EMAIL ADDRESS _____

We will send your information about the impact of your contribution and event announcements. We will not share your email address or any other personal information.

MY UNITED WAY INVESTMENT

EASY PAYROLL DEDUCTION

I authorize Ball State to make the following deduction from my paycheck for remittance to United Way.

Please circle the amount of pay periods you receive per year :

26 pays (12 month employee) or

20 pays (10 month employee)

Please deduct \$ _____ per pay,
until a total of \$ _____ has been met.

OR

DIRECT GIFT (enclosed)

AMOUNT \$ _____

Direct gift to be paid by:

Cash Personal check

(enclosed) Securities

(Please call 765-288-5586 when you are ready to transfer funds.)

OR

BILL ME

AMOUNT \$ _____

Monthly Quarterly Once in _____ (month)

BSU LEADERSHIP GIVER INFORMATION*

Staff/Service Personnel/Retirees: if the combined gift from you and your spouse/partner equals or exceeds \$500 you qualify as BSU Leadership Givers.

My/our total combined pledge amount \$ _____

Faculty/Professional Personnel/Retirees: if the combined gift from you and your spouse/partner equals or exceeds \$1,000, you qualify as BSU Leadership Givers.

My total combined pledge amount: \$ _____

Please list my/our name(s) as follows: _____

Signature: _____

To authorize employee payroll deduction and/or pledge, your signature is required.

Visit the FAQ page at bsu.edu/unitedway for when deductions begin. To stop an authorization after it has been submitted for campaign year, please contact the payroll/HR department. Deduction Code: D20

*An annual contribution of \$1,000 or more qualifies you as a United Way Leadership Giver.

PLEASE CHOOSE AN INVESTMENT OPTION BELOW

Option A: United Way Community Fund - The most powerful way to invest your contribution!

Option B: Give to an issue important to you.

Youth Opportunity

Giving kids the skills they need to be ready and able to excel in school and beyond.

AMOUNT: \$ _____

Financial Security

Connecting adults with job training, financial literacy, and other resources.

AMOUNT: \$ _____

Community Resilience

Building stronger communities by supporting families during tough times.

AMOUNT: \$ _____

Health

Giving kids the skills Assisting people with insurance and beyond for a healthy community..

AMOUNT: \$ _____

Equity

Ensuring that everyone has access to resources and opportunities to thrive..

AMOUNT: \$ _____

Option C: Restrict your gift to a specific county or agency.

I wish to restrict my gift to a specific agency* _____

Please list the name and address below: _____

*** NOTE:**

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

501(C)3 AGENCY NAME AND ADDRESS

Take Part in the Heart of Indiana United Way 100th Birthday Challenge



In celebration of Heart of Indiana United Way's anniversary, we invite you to make a special one-time gift in honor of this milestone year.

This gift is included in the total gift amount listed above

This gift is in addition to our regular annual gift

First time gifts or gifts exceeding \$100 above last years giving qualify you to be part of the Next 100 Club.

Please check the accuracy of all your entries. Thank you for investing in United Way. Thank you for your contribution through the United Way campaign. No goods or services were provided in exchange for this gift. Please make a copy of this form for your tax records. Your last pay-stub of the year will show contributions taken through payroll deductions for tax purposes. Consult your tax advisor for more information.

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HeartOfIndianaUnitedWay.org