BALL STATE UNIVERSITY

Retiree Pledge Form

Heart of Indiana UNITED WAY

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

Want to see how your contribution is making a difference?

Yes, I do! ☐

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

PRIMARY PHONE (INDICATE TYPE) _____ DAYTIME PHONE _____

☐ I PREFER TO REMAIN ANONYMOUS

EMAIL ADDRESS _____

We will send you 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

☐ **BILL ME**

AMOUNT $ _____

- ❍ Monthly
- ❍ Quarterly
- ❍ Once in _____ (month)

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.)*

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: _____

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

Signature: _____

To authorize pledge, your signature is required.

PLEASE CHOOSE 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.

☐ **Financial Security**
Connecting adults with job training, financial literacy, and other resources.

☐ **Community Resilience**
Building stronger communities by supporting families during tough times.

☐ **Health**
Assisting people with insurance and beyond for a healthy community

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

☐ Delaware County ☐ Fayette County ☐ Henry County ☐ Madison County ☐ Randolph County

I wish to restrict my gift to a specific agency*
Please list the name and address: _____

501(C)3 AGENCY NAME AND ADDRESS

*** NOTE:** Heart of Indiana United Way complies with United Way Worldwide membership administrative and fundraising cost deductions. There is a $50 minimum pledge for designations to a specific agency.

Leaarn more about how you can be a part of the next 100 years. Invest in the future and leave a legacy of impact.

Next Century Fund and Legacy Society

☐ **The Next Century Fund**
Make a one-time, milestone gift above and beyond your annual giving.

☐ **Legacy Society**
Help sustain our mission well into the future by including us in estate plans or planned giving.

Please check the accuracy of all your entries.
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. Consult your tax advisor for more information.
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