UNITED IS THE WAY WE HELP CHILDREN AND FAMILIES MOVE FORWARD TOGETHER.

BALL STATE UNIVERSITY

Heart of Indiana UNITED 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 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

☐ **EASY PAYROLL DEDUCTION**

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

OR

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.

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/HRdepartment. DeductionCode:D20

☐ **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/ServicePersonnel/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 cont ribution 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**
Assisting people with insurance and beyond for a healthy community.
AMOUNT: _____

☐ **OptionC:** 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:

_____

501(C)3 AGENCY NAME AND ADDRESS

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

Be a part of the next 100 years. Invest in the future and leave a legacy of impact.

Next Century Fund and Legacy Society

Please check if you would like to be contacted about building a bold future.

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

☐ **Legacy Society**
Help sustain our mission well i nto 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. 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