



BALL STATE
UNIVERSITY

Retiree



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:

Signature: _____

To authorize pledge, your signature is required.

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

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.

Check here to learn 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 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. Consult your tax advisor for more information.
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