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

Heart of Indiana UNITED WAY

1. CONNECT

Prefix _____ First Name _____ MI __ Last Name _____ Suffix _____

Home Address _____ City _____ State _____ ZIP _____ Birth Year _____

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 **HeartOfIndiana.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

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 : _____

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

Delaware County Fayette County Henry County Madison County Randolph County

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

AMOUNT: _____ _____

***Note:** Heart of 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.

4. BUILD

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 into the future by including us in estate plans or planned giving.

5. 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

X _____

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.