

JOIN THE FIGHT

Heart of Indiana
United Way



1. CONNECT

Prefix

First Name

MI

Last Name

Suffix

Birth Year

Home Address

City

State

ZIP

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 HeartOfIndianaUnitedWay.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*

Education

Helping children reach their full potential by starting school prepared and reading at grade level by the 3rd grade.

AMOUNT \$

Financial Stability

Supporting individuals and families on their path to becoming financially secure.

AMOUNT \$

Health

Ensuring that each individual has access to quality healthcare to live long, healthy lives.

AMOUNT \$

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

Delaware County

Fayette County

Henry County

Madison County

Randolph County

AMOUNT \$

501(c)3 AGENCY NAME AND ADDRESS (required if selecting agency): _____

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

4. 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



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.

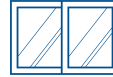
UNITED WE thrive!

HEART OF INDIANA UNITED WAY DONORS IMPACT COMMUNITY IN MANY WAYS INCLUDING:



\$5 A MONTH

provides two children with a summer's worth of reading in Summer Book Give-Away



\$5 A MONTH

provides weatherization supplies that help keep families warm and utilities on budget



\$10 A MONTH

provides the match needed for a year of FREE high-quality Pre-K for a 4 year old through On My Way Pre-K



\$10 A MONTH

provides 4 money management workshops with a THRIVE financial coach



\$25 A MONTH

provides a monthly book to 12 children in Dolly Parton's Imagination Library for a year



\$25 A MONTH

provides personal healthcare enrollment assistance to 6 uninsured families



\$50 A MONTH

gives a child 1 hour of after school enrichment each day for 24 weeks



\$50 A MONTH

provides utility assistance to 4 local families facing disconnection

YOUR UNITED WAY DONATION AT WORK

We identify and prioritize emerging human service needs, community-wide

Your pledge is combined with others for a greater impact

And strategically invested in research-based programs and partnerships

So that people's lives are improved and our community made stronger

Heart of Indiana United Way serves Delaware, Fayette, Henry, Madison and Randolph Counties

www.HeartOfIndianaUnitedWay.org | 765-288-5586