JOIN THE FIGHT

Heart of Indiana United Way



	Prefix	First Name	N	Last Name		Suffix Birth	Year
Home Addres	ss		Ci	ty	State	ZIP	
Cell Phone No	umber	By providi	ent Email Address ng your email, you agree to re ation from Heart of Indiana U		Employer		
2. INVEST	My	y total investm	ent this year is \$)		
PAYROLL	DEDUCTION	THROUGH MY EM		oledge the following am			
CASH/CH	Amo	ount enclosed \$ _	Check #	Make	checks payable to Heart o	of Indiana United Way	
BILL ME	Cho	oose a frequency	Monthly (x 12)	Quarterly (x 4)	Bill me one tim	e on:	
CREDIT C	ARD TO	•	ard or ACH, please vis	it HeartOfIndianaUnited	lWay.org.		•••••
		For q	ualified charitable deduct	ions, stocks, and securitie	s please call 765-288-558	6.	
3. IMPACT		For q	ualified charitable deduct	ions, stocks, and securitie	s please call 765-288-558	6.	
3. IMPACT Option A:	: United Way (ions, stocks, and securitie	<u> </u>		
Option A:	-		- Giving unrestricted is		<u> </u>		
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SIGN & DATE



Date

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.