

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 a long, healthy life.

AMOUNT:

Equity Advancement Fund

Supporting efforts that serve underrepresented or under-resourced persons in our community.

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.