



BALL STATE  
UNIVERSITY

TITLE FIRST NAME MI LAST NAME DEPARTMENT 9-DIGIT BSU ID NUMBER

HOME ADDRESS CITY STATE ZIP BIRTH YEAR

PRIMARY PHONE (INDICATE TYPE) DAYTIME PHONE

Want to see how your contribution is making a difference?

Yes, I do!

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

### EASY PAYROLL DEDUCTION

I authorize Ball State to make the following deduction from my paycheck for remittance to United Way.

Please circle the amount of pay periods you receive per year :

26 pays (12 month employee) or

20 pays (10 month employee)

Please deduct \$ per pay,

until a total of \$ has been met.

Signature:

To authorize employee payroll deduction and/or pledge, your signature is required.

Visit the FAQ page at [bsu.edu/unitedway](http://bsu.edu/unitedway) for when deductions begin. To stop an authorization after it has been submitted for campaign year, please contact the payroll/HR department. Deduction Code: D20

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

### 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.)

### BILL ME

AMOUNT \$

- Monthly
- Quarterly
- Once in \_\_\_\_\_ (month)

### 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:

## PLEASE CHOOSE AN 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.

### Education

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

### Financial Stability

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

### Health

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

### Equity Advancement Fund

Supporting efforts that serve underrepresented or under-resourced persons in our 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 below:

\_\_\_\_\_

501(C)3 AGENCY NAME AND ADDRESS

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

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. Your last pay-stub of the year will show contributions taken through payroll deductions for tax purposes. Consult your tax advisor for more information.