

For the Past 100 Years, United Is the Way



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 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

☐ 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:

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

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.

☐ 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

Giving kids the skills Assisting people with insurance and beyond for a healthy community..

AMOUNT: \$

☐ Equity

Ensuring that everyone has access to resources and opportunities to thrive..

AMOUNT: \$

☐ **Option C:** Restrict your gift to a specific county or agency.

I wish to restrict my gift to a specific agency*

Please list the name and address below:

* NOTE:

501(C)3 AGENCY NAME AND ADDRESS

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

Take Part in the Heart of Indiana United Way 100th Birthday Challenge



☐ **Make a one time \$100 or more gift in addition to your annual pledge.**

AMOUNT \$

Direct gift to be paid by:

☐ Cash Personal check

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.

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