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FOR UNITED WAY OF CENTRAL INDIANA USE ONLY:	United Way
Organization #: Account #:	United Way
Envelope #: Processing Code:	of Central Indiana
1. My Information Please print within the colored boxes with black ink	and in capital le Rtess. firmly for copies to be legible. Addressing today's needs. Reducing tomorrow's."
Prefix: O Mr. O Ms. O Mrs. O Dr. O Other:	yee I.D.: O Male O Female
First Name:	M.I.: Date of birth (M/D/Y) m m d d / y y y y (Helps us avoid duplicate records.)
Last Name:	Suffix: O Jr. O Sr. O Other:
Employer:	
Previous Employer:	Only if you have worked less than 2 years with your current employer.
Preferred Phone: O Work O Home ()	Ext.:
Home Address:	
City:	State: Zip:
Preferred e-mail:	
O Sign me up foßy the WayUnited Way of Central Indiana's e-newsletter, so I can st.	ray informed and connected throughout the year.
United Way of Central Indiana keeps your personal information (including e-mail addresses) confidential.	
2. Annual Pledge Your gift could be matched! See reverse for	
EASY PAYROLL DEDUCTION Total Pledge: \$,	Leadership Recognition is limited to individuals who invest at the defined levels to United Way of Central Indiana programs and certified United Way agencies. Dollars designated
I Pledge: \$, per pay period x	non-United Way agencies willot count toward United Way's leadership recognition.
○ 12 (monthly) ○ 24 (twice a month) ○ 26 (every two weeks) ○ 52 (every week) ○ other:	With my gift, I want to be a member of: O Emerging Leaders – Recognizing giving by those ages 40 and younger (\$1,000+
CASH/CHECK(attached) \$,	O Diversity Leadership Circle – Recognizing leadership giving by minorities (\$1,500+)
○ Cash ○ Check(make checks payable to United Way of Central Indiana)	○ Women's Initiative – Women in Central Indiana who are leading
CREDIT CARD Total: \$,	the way (\$2,500+) Tocqueville Society– Our most generous contributors (\$10,000+)
O Visa O MC O Discover O American Express	Your Leaders Book Listing (Please check one.)
Credit/Debit Card#:	Your name will be listed as it is on pledge form above, unless otherwise specified below:
Expires: MM M y y y y y	OR Please list my name as:
Billing Address:	○ I wish to remain ANONYMOUS. By checking here, my name will not be published/printed.
PLEASE BILL ME (min. \$50) Total: \$,	Combined Gift?
○ One Time ○ Monthly ○ Quarterly Start Date:	Yes, I want to combine my gift with my spouse/partner: Spouse's/Partner's Name:
STOCK/SECURITIES TRANSFER Total: \$, .	Spouse's/Partner's Employer:
Please call 317.921.1239	(More recognition opportunities on the back.)
3. Thank You! Please Sign and Date	
X Inank you	Date: m m/d d/y y
Signature(Required) United Way of Central Indiana does not provide goods or services as whole or part	tial consideration for contributions.
	deduction pledges, please keep your end-of-year paycheck stub for your tax records.
Optional Only if you choose to direct your gift to a United Way of Central India	
back. To direct your contribution to another community, write in the name of the local provide the agency name and full address. You may only designate to a 501(c)(3) hea	
	Each designation must total at least \$50.
	total at least 550.
Indiana Toon Challenge Inc. DO Bey 564 Leb	panon IN 46052 EIN 35-1262844 \$
Indiana Teen Challenge Inc. P.O. Box 564, Leb	\$, , , , , , , , , , , , , , , , , , ,
	\$ \$
O Please <u>do not</u> release my name to the organizati	-
2009 Local Pledge Form Top Copy – United Way • Second Copy – Employe	er Payroll • Third Copy – Donor (More information on back) 16340General

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