

LIVE UNITED[®]

United
Way



United Way keeps your personal information (including email address) confidential and does not share it with a third party.

PERSONAL PLEDGE FORM

1201 E. 5th Street, Suite 1019 P.O. Box 1200 Anderson, IN 46015
www.unitedwaymadisonco.org • 765.643.7493

MY INFORMATION

PLEASE PRINT

First Name

MI Last Name

Home Email (Provide to receive our e-newsletter)

Birthyear

Home Address

City

State

Zip

Preferred Phone (Home Cell Work)

Employer

MY GIFT

My total gift to United Way is \$

- I am a Madison Way Donor (My gift is \$1200 or more)
- I am an Active Community Investor (My gift is \$500 - \$1199)
- I am an Emerging Leader
(I am under 39 years old and give \$250 or more)
- I am a Loyal Donor (I have given for 10 years or longer)

When my name is listed in recognition of this gift,
I would like it to appear as follows:

- _____
- I prefer to remain anonymous
 - I would like my gift to be designated to a specific agency or impact area Yes No

If yes, please complete the separate DONOR DESIGNATION FORM
(NOTE: Minimum of \$50 per designation)

THANK YOU for your contribution to United Way of Madison County.
Please sign and date this form below.

Signature _____

Date _____

No goods or services were given in return for this contribution

MY PAYMENT

Please select a payment option below

Cash/Check

(Checks payable to United Way of Madison County)

Payroll Deduction

I authorize my employer to deduct my gift from my paycheck

_____ X _____ = \$ _____
Amount per paycheck # of pay periods Total Gift

Credit Card

I would like my total gift to be charged:

All at Once Monthly Payment Quarterly Payment

Other _____

Card type: Visa Mastercard Discover Am Ex

Card Number _____

Expiration: _____

Bill Me

(Minimum \$25 gift per billing)

I would like my gift to be billed:

All at Once Monthly Payment Quarterly Payment

Other _____

DONOR DESIGNATION FORM

United Way of Madison County policy allows donors to designate gifts to specific impact areas, certified agencies and other United Ways.

To direct funding to a specific impact area or certified agency, enter the corresponding agency code on the form below.



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United Way of Madison County complies with United Way Worldwide membership standards for expense calculations from donor pledges.

IMPACT AREAS

CODE	IMPACT AREA
2000	COMMON GOOD - Use my gift where it will do the most good
2003	BORN LEARNING <i>Preparing young children to enter kindergarten ready to learn. Efforts include learning trails, book parties, make time to play groups, Blast Off to Kindergarten events, Books for Babies and outreach programs to families with young children.</i>
2002	COMMUNITY ACCESS NETWORK (CAN) <i>Provide utility, rent, shelter, food assistance as well as long-term personal developmental services to help individuals become self-sufficient and successful.</i>
2006	COVERING KIDS AND FAMILIES <i>Coordinated outreach to boost the number of qualified residents who are enrolled in public health insurance plans, which include HIP and Hoosier Healthwise. Efforts include VHA.</i>
2007	VOLUNTEER ACTION CENTER/RSVP (55+ VOLUNTEER PROGRAM) <i>Local needs of the community can be met through local volunteers. VolunteerMadisonCounty.org matches area residents with their ideal volunteer experience.</i>
2008	MENTORING INITIATIVE OF MADISON COUNTY <i>Engage and prepare older adults, youth and young adults, and businesses and community partners as mentors to local school youth.</i>

CERTIFIED AGENCIES

CODE	CERTIFIED AGENCY
101	Alexandria Community Center
102	Alternatives Inc.
130	American Red Cross of Greater Indianapolis
105	Anderson Public Library
109	Aspire Indiana
110	Character Counts! of Madison County
113	Children's Bureau/Exchange Club Family Resources Center
131	Dove Harbor
108	East Central Indiana CASA (Court Appointed Special Advocate)
115	Gateway Association
116	Girl Scouts of Central Indiana
117	Hopewell Center
118	House of Hope
120	LifeStream Services
121	Madison County Community Health Center
128	Pendleton Community Library
132	Social Health Association of IN
123	Second Harvest Food Bank of East Central Indiana
127	Sowers of Seeds (SOS) Counseling
126	YMCA of Elwood
125	YMCA of Madison County

Name (PLEASE PRINT): _____

Address, City, State, Zip: _____

Please designate my gift in the following way:

CODE	IMPACT AREA/AGENCY NAME	AMOUNT (\$50 min per designation)
<input type="text"/>	_____	\$ _____
<input type="text"/>	_____	\$ _____
<input type="text"/>	_____	\$ _____