

UNITED WAY CERTIFIED AGENCIES

- Advocates for Children
- American Red Cross
- Boy Scouts of America, Hoosier Trails Council
- Children, Inc.
- Community Center of Hope
- Developmental Services, Inc.
- Family School Partners
- Family Service, Inc.
- Foundation For Youth
- Girl Scouts of Central Indiana
- Human Services Inc.
- Just Friends Adult Day Services
- Legal Aid—District Eleven, Inc.
- LifeDesigns
- Lincoln Central Neighborhood Family Center
- Mill Race Center, Inc.
- Our Hospice of South Central Indiana
- Sans Souci, Inc.
- Su Casa Columbus, Inc.
- Thrive Alliance
- Turning Point
—Domestic Violence Services

United Way of Bartholomew County
1531 Thirteenth Street, Suite 1100
Columbus, IN 47201
p) 812-376-3001 f) 812-376-0019

CREATE OPPORTUNITY. CHANGE LIVES.



When you give through the United Way of Bartholomew County, 100% of your gift will go to the nonprofit or initiative of your choice.

Your gift supports a network that creates opportunity and strengthens lives in our communities.

Last year in Bartholomew County:

11,168 Children found out of school development and mentoring

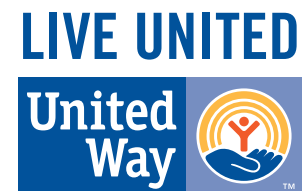
8,814 Children, Adults and Seniors improved their physical, emotional and social health

6,380 People received basic needs (food, clothing and shelter)



ONE

one community. one goal.



PLEDGE CARD (PLEASE PRINT)



1

DONOR INFORMATION

We respect your privacy and do not share your personal information with third parties.

Mr. Mrs. Miss.



First Name: _____ Mi: _____ Last Name: _____

Home Address: _____ Home/ Cell Phone: _____

City: _____ ST: _____ ZIP: _____

Employer Name (if giving through employee campaign): _____

Personal E-mail: _____

(Your personal e-mail address will not be shared by United Way of Bartholomew County with other organizations/businesses)

2

I want to Live United through payroll deduction.

EASY PAYROLL DEDUCTION*

\$

X

=

\$

Amount per pay period

of pay periods in full year

Total payroll deduction

OR

I want to Live United by making a one time gift.

\$50

\$100

\$150

Other Amount

\$200

\$250

\$500

\$ _____

Cash

Check # _____
(Made payable to United Way)

Credit Card (pay online at uwbarthco.org)

Bill Me

Starting in January or start date ____/____/____ bill me at above address
 Monthly Quarterly Semi-Annually Annually

Please list my (our) name(s) in the United Way Annual Report as follows: _____

Please make me anonymous

SIGNATURE (My signature authorizes my pledge): _____

Date: _____

OPTIONAL

You may choose how you want to invest your gift in our community.

Health:

Amount \$ _____

Financial Stability:

Amount \$ _____

Education:

Amount \$ _____

My Local United Way County of _____

Amount \$ _____

NOTES: _____

United Way of Bartholomew County is a 501(c)(3) non-profit organization and your donation is tax deductible as allowed by current tax law. No goods or services were provided in exchange for this contribution. Consult your tax advisor for more information.

* Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2, or other employer documents showing amount withheld and paid to charitable organization.