

## AGENCY LISTING

Advocates for Children

Boy Scouts, Hoosier Trails

Children, Inc.

Community Center of Hope

Family School Partners

Family Service, Inc.

Foundation For Youth

Human Services, Inc.

Just Friends

LifeDesigns

Lincoln Central Neighborhood  
Family Center

Mill Race Center, Inc.

Our Hospice

Sans Souci

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

## OUR MISSION

Our mission is to mobilize people and strengthen lives in our community.

## OUR VISION

We envision a community where every child is supported in and outside of the classroom, every family has their basic needs met, and every individual leads a stable, successful life.

## OUR IMPACT AREAS



Education



Financial Stability



Health

**GIVE. ADVOCATE. VOLUNTEER.**  
**LIVE UNITED™**



# 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	=	\$
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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

Credit Card (pay online at uwbarthco.org)

Check # \_\_\_\_\_

Bill Me

(Made payable to United Way)

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.