

THIS FORM IS OPTIONAL

The pledge form is all you have to fill out if you want your gift to support all of United Way's work in education, income, health, and essential community services. Your undesignated gift will support everyone who needs help through more than 70 vital United Way supported programs. If you choose to designate all or part of your gift, please complete this form and a pledge form.

Thank you.

OUR DESIGNATION POLICY

Donors may designate their gift to one of United Way of Southwestern Indiana's focus areas of Education, Income and Health, to a United Way partner agency (see list on inside) or to another United Way. **THE MINIMUM GIFT TO DESIGNATE IS \$25 PER FOCUS AREA OR AGENCY.** A 16% processing fee will be withheld to cover uncollectible pledges and processing costs on designations to a partner agency or to another United Way.

OPTION 1

United Way is uniquely positioned to identify and help our community focus on the things we all need to be successful and self-sufficient: a quality education, stable income, good health, and essential community services. Your gift will be invested in your area of choice by more than 70 local volunteers.

OPTION 2

You may designate to a United Way agency (your options are listed on the inside of this form) or to another United Way.

United Way of Southwestern Indiana

P.O. Box 18, Evansville, IN 47701-0018

812-422-4100 • Fax: 812-421-7474

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DONOR OPTION FORM

Your undesignated gift will support over 145,000 people in Southwestern Indiana through 70 United Way supported programs that focus on Education, Financial Stability, Health, and Essential Community Services. The pledge form (or ePledge) is all that you need to complete to support these programs.

If you choose to designate all or part of your gift to one of United Way's focus areas or to an agency, please complete this form and a pledge form.

Thank you.

LIVE UNITED



United Way
of Southwestern Indiana

www.unitedwayswi.org

DONOR OPTION FORM

First name MI Last name

Address

City State Zip

Employer name

SIGNATURE Date

UNITED WAY AND PARTNER AGENCIES

- 1002 Albion Fellows Bacon Center
- 1044 American Red Cross of Southwestern Indiana
- 1005 Ark Crisis Child Care Center
- 3010 Aurora, Inc.
- 1006 Big Brothers Big Sisters of the Ohio Valley
- 1012 Boys & Girls Club of Evansville
- 1010 Buffalo Trace Council, Boy Scouts of America
- 1014 Carver Community Organization
- 1018 Catholic Charities
- 1042 Christian Resource Center
- 1019 Crisis Connection, Inc.
- 1048 Easterseals Rehabilitation Center
- 1025 ECHO Community Health Care, Inc.
- 1046 Evansville Christian Life Center
- 1028 Evansville Goodwill Industries, Inc.
- 246 Girl Scouts of Southwest Indiana
- 1026 Lampion Center
- 1032 Legal Aid Society of Evansville, Inc.
- 1034 Mental Health America of Spencer County
- 1036 Mental Health America of Vanderburgh County
- 1040 Outreach Ministries
- 1020 Spencer County Council on Aging
- 1197 Spencer County Hospice, Inc.
- 1052 St. Vincent Early Learning Center, Inc.
- 1024 The Arc of Evansville
- 1056 The Salvation Army
- 1068 United Way SWI, Kindergarten Camp
- 1070 United Way SWI, United Against Opioids
- 1072 United Way SWI, Volunteer Income Tax Assistance (VITA)
- 1016 Vanderburgh County CASA
- 1062 VOICES, Inc.
- 1064 YMCA of Southwestern Indiana
- 1066 YWCA Evansville

TOTAL DESIGNATION: \$ _____
\$25 MINIMUM PER AGENCY OR FOCUS AREA

1 OPTION 1

I choose to invest my gift in one of the three focus areas of Education, Financial Stability, Health, or Essential Community Services.

\$ _____

- Education Financial Stability
- Health Essential Community Services

Designate this percentage of my total gift:

Please consider designating just a percentage of your gift. The remainder will be used to help more people in need.

- 25% 50% 75% 100%

2 OPTION 2

I choose to designate to a United Way Partner Agency or a different United Way location.

\$ _____

Designate this percentage of my total gift:

Please consider designating just a percentage of your gift. The remainder will be used to help more people in need.

- 25% 50% 75% 100%

Please enter the 4 digit number of the United Way Program or Agency you wish to designate to. The agency numbers are listed to the left.

Agency name: _____

OTHER UNITED WAY LOCATIONS
Please print the mailing address for us to honor your designation request. Thank you.

United Way of _____

City: _____

State: _____