

Imagine... your whole world changing overnight

Bella and James were managing before the pandemic, but just barely. They worked long shifts, hardly making it paycheck-to-paycheck and couldn't afford health insurance. Then in March, Bella got COVID-19 and couldn't work for a month. Her health recovered, but her parents were at high risk, so couldn't care for their kids, Dev and Leela. When James' workplace closed, they filed for unemployment, but with no income they had already fallen behind on bills and feared eviction. This quickly became the roughest time of their lives.



They heard about United Way and were connected with services that helped with rent, legal advice, mental health, childcare, and even home-delivered meals for Bella's parents. "The food we got from pantries literally kept us from going hungry. I have no idea how we would have fed our family without that help. It's been really hard. We're so thankful to live in a community that came together to help when we were really struggling."

Reimagine...

Reimagine a better normal.

What if we Reimagine how pressing issues are addressed, how we bring community resources together to solve problems, and how we can spark transformative, powerful changes?

Reimagine a future that works for all by embracing big ideas, big solutions. Join together in building a more equitable, just, and resilient community.

The work starts now. Give today.



Reimagine...

2020-2021 DONATION FORM

United Way of Monroe County
431 S College Ave
Bloomington, IN 47403
812-334-8370
(Fax) 812-334-8387



www.monroeunitedway.org
www.unitedway.indiana.edu

For Office Use Only | VP | PR | UW

1. MY INFORMATION PLEASE PRINT

Employee ID Number (if not pre-printed above)

FIRST NAME M.I. LAST NAME

HOME ADDRESS CITY ST ZIP

PHONE PERSONAL E-MAIL

IU DEPARTMENT (IF GIVING THROUGH EMPLOYEE CAMPAIGN)

SIGNATURE (MY SIGNATURE AUTHORIZES MY PLEDGE)

☐ **COMBINE OUR GIFTS.** Please combine my gift with that of

Their Employer _____

List our names as _____

☐ **E-NEWS.** Keep me updated on the results of my gift.

☐ **ANONYMOUS.** I prefer that my gift remain anonymous.

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

2. MY CONTRIBUTION

DIRECT GIFT

Total amount

\$

☐ **CASH/CHECK**

Enclosed. Checks payable to
United Way. Check # _____

☐ **BANK DRAFT**

☐ Continue an existing draft
☐ First time draft or account change
of existing draft (Attach a voided check)

☐ **STOCKS/SECURITIES**

Contact chris@monroeunitedway.org

☐ **CREDIT CARD**

To ensure your privacy, donate at:
www.monroeunitedway.org/givenow

☐ **BILL ME**

Starting January bill at address above
☐ Monthly
☐ Quarterly
☐ Semi-Annually
☐ Annually

ONLINE PAYROLL DEDUCTION

Pledge online at www.unitedway.indiana.edu.
Completed ___/___/2020.

EASY PAYROLL DEDUCTION*

1. I want to donate this amount **each** pay period:

☐ 10 ☐ 15 ☐ 25 ☐ 50 ☐ 100 ☐ Other: _____

2. Pay periods in year

☐ Every 2 weeks (**24** deductions)
☐ Monthly (**12** deductions)
☐ Monthly (**10** deductions)

3. Total payroll deduction

\$

I'M GIVING AT A LEADERSHIP LEVEL

☐ **VANGUARD LEADERSHIP**

My individual or combined gift of \$1,000 or more.

☐ **YOUNG LEADERS SOCIETY**

I'm under 40 and my individual or combined gift is \$500 or more.

☐ **INSTRUCTIONS FOR MY GIFT:**

Designations above \$25 may be made to United Way member or donor choice agencies, which will be informed of your gift.

Agency _____

CONTACT ME ABOUT MAKING A PLANNED GIFT

★ 2020-2021 PLEDGE FORM: 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 document showing amount withheld and paid to a charitable organization. United Way of Monroe 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 return this form to United Way of Monroe County, 431 S College Ave, Bloomington, IN 47403