

**United Way
of Central Indiana**
3901 N. Meridian St.
Indianapolis, IN 46208
Tel 317.920.3460
Fax 317.921.1355
jody.pope@uwci.org
www.uwci.org



United Way
of Central Indiana

*Addressing today's needs.
Reducing tomorrow's.*

United Way of Central Indiana's Annual Meeting Registration Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Type of Ticket	Quantity	Amount Owed
Leadership Table (seats 10) \$600 – Preferred Seating and program acknowledgement	_____	_____
Corporate Table (seats 10) \$400 – Recognition at table	_____	_____
Individual Ticket \$35 each	_____	_____
Total Amount:		_____

Payment from: Individual / Company (please circle)

MasterCard Visa AmEx Discover (please circle)

Card Number _____ Exp. Date _____

Receipt

Name _____

Amount _____

Purpose: *Annual Meeting ticket(s)* _____

Type of Payment _____ Date: _____

Any questions contact Jody Pope at 920.3460 or jody.pope@uwci.org



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