



ALL FIELDS REQUIRED

Step 1

YOUR INFORMATION *(Please Print)*

Mrs. Mr.

Ms. Dr.

First Name

MI

Last

Suffix

Employer

Phone #

Email Address(es)

Home/Billing Address (Street, City, State, Zip)

Step 2

YOUR GIFT

Total Gift to
be Designated

\$

Step 3

YOUR INVESTMENT

How should United Way of Northeast Louisiana volunteers invest your gift?



Support a specific issue or United Way community initiative/collaborative

- Children, Youth, & Young Adults Successful in School & Life
- Economic Opportunity for All
- Healthy & Safe Individuals, Families, and Communities



Please direct my gift to the following 501 (C) (3) Health & Human Services Non-Profit Organization:

Please submit separate Specific Care Forms for each individual designation

Name of Agency

Agency Address (Street, City State, Zip)

Step 4

YOUR SIGNATURE

Please sign and date to authorize payment

Signature

Date

Specific Care Gifts must be \$100 or greater. Gifts of less than \$100 will be directed toward the general fund. This gift will be adjusted for pledge loss and an administrative fee. To process your designation request:

- Complete Specific Care Form (all fields required)
- Save the form and email to unitedway@unitedwaynela.org
- Also email a copy to your United Way Campaign Coordinator or HR/Payroll Department