



Step 1 YOUR INFORMATION (Please Print)

Mrs. Mr.

Ms. Dr.

First Name

MI

Last

Suffix

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

() -

Company

Cell Phone Number*

Preferred Email Address(es)

Step 2 GIVING LEVELS

LEADERSHIP GIVING SOCIETIES Your gift qualifies you for membership in:

Alexis de Tocqueville Society
Annual gift of \$10,000 or more

Steamboat Society
Annual gift of \$1,000 to \$9,999
 Commander \$1,000 - \$1,499
 Captain \$1,500 - \$2,499
 Commodore \$2,500 - \$4,999
 Admiral \$5,000 - \$9,999

Bayou Society
Annual gift of \$500 to \$999

TOTAL GIFT AMOUNT \$ _____

I am interested in Young Leaders UNITED (40 years old or younger)

Step 3 PAYMENT OPTIONS

CHECK ENCLOSED: Amount Paid \$ _____ Partial Payment \$ _____

DIRECT BILL _____ Quarterly Annually On ____ / ____

DEBIT/CREDIT CARD: Visa MasterCard AMEX Discover

_____ Quarterly Annually On ____ / ____

_____ / _____
Credit Card Number or Contact United Way with Information Expiration Date CVV2/CVC

_____ City State Zip
Credit Card Billing Address

TEXT TO GIVE \$ _____ *TEXT UNITEDWAYNELA (one word) to 919-99 to make a one-time or recurring gift on your debit or credit card.*

STOCKS OR SECURITIES \$ _____ *(Please contact the United Way of Northeast Louisiana office before initiating a transfer of ownership)*

Step 4 RECOGNITION

I'd like to combine my gift with my spouse: _____
Spouse Name (First, MI, Last) Spouse Employer

Donors will be listed as noted above unless otherwise specified below:

Please publish my name as: _____

I wish to remain anonymous. Please do not publish my/our name(s) in the leadership giving literature.

Step 5 YOUR SIGNATURE

Please sign and date to authorize payment _____
Signature Date

To reduce cost and waste, United Way of Northeast Louisiana uses email and text as our main forms of communication. By providing your email address and cell phone number, you are authorizing United Way to communicate with you via email and text message. You may opt out of these communications at any time. We do not sell, trade, or share your contact information with others. If you do not wish for your gift to be invested by United Way of Northeast Louisiana Volunteers, please request a Specific Care Form from your United Way representative.

**No goods or services were provided in exchange for this contribution. Please keep a copy for your tax records. Consult your tax advisor for more information.*

THANK YOU FOR JOINING THE FIGHT!