



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

Credit Card Billing Address City State Zip

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 Please do not publish my/our name(s) in the leadership giving literature.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.

LET'S CHANGE LIVES TOGETHER!