



UNITED WAY OF NORTHEAST LOUISIANA LEADERSHIP GIVING SOCIETIES

Name(s) _____
(Please print exactly as you wish to appear in recognition materials.)

Home Address _____
Street Address City State Zip

Company(s) _____

Email _____ Phone _____

Total Gift \$ _____

Payment Options

Payroll Deduction (Company Pledge Card must also be completed)

Direct Bill: _____ Quarterly _____ Annually on ____/____
Month / Year

Stocks or Securities \$ _____ (Please contact United Way of Northeast Louisiana before initiating a transfer of ownership.)

Electronic Withdrawal: (United Way of Northeast Louisiana Staff will contact you with follow-up forms.)
_____ Quarterly _____ Annually on ____/____
Month / Year

Debit/Credit Card: Visa MasterCard AMEX Discover
_____ Quarterly _____ Annually on ____/____
Month / Year
_____ Expiration Date (Month / Year) _____
Credit/Debit Card Number CVV2/CVC
_____ City State Zip
Card Billing Address

Check Enclosed: Amount Paid \$ _____ Partial Payment \$ _____

Signature(s) _____ Date ____/____/____

- Please do not publish my/our name(s) in Leadership Giving literature
- I/We would like to designate a portion of our gift, please send me a form
- Please send me/us information about remembering United Way in my/our will or estate plan through United Way's Legacy Foundation

YES! I would like to join UNITED45 Young Leaders Society

UNITED45 members are under 45 years of age and have pledged a gift at Bayou, Steamboat, or Tocqueville Society level.