



UNITED WE FIGHT.  
UNITED WE WIN.

# 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  
\_\_\_\_\_ / \_\_\_\_\_  
Credit/Debit Card Number Expiration Date (Month / Year) CVV2/CVC  
\_\_\_\_\_ Billing Address City State Zip

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- Please do not publish my/our name(s) in Leadership Giving literature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.