



United Way
of Northeast Louisiana

SPECIFIC CARE FORM

Name _____

Address _____

Employer _____

Email _____

My total annual gift will be

\$ _____

Signature _____ Date ____/____/____

Giving Options

I support United Way of Northeast Louisiana's fight for the Education, Financial Stability, Health, and Basic Needs of every person in our community.

EDUCATION: READ.LEARN.SUCCEED.

Financial Stability: Dollars & Sense Reality Fair

BASIC & EMERGENCY NEEDS: 2-1-1

Other 501 (C) (3) Health & Human Services Non-Profit Organization

Agency Name _____

Agency Address _____

Specific Care Gifts must be \$60 or greater. Gifts of less than \$60 will be directed to the general fund. This gift will be adjusted for pledge loss and an administrative fee. Specific Care Forms must be turned in to your Workplace Campaign Coordinator with your pledge form by February 15th to be honored.



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