United Way of Northeast Louisiana

UnitedWayNELA.org



SPECIFIC CARE FORM

1201 Hudson Lane, Monroe, LA 71201 318-325-3869 939 N. Trenton Street, Ruston, LA 71270 318-232-0055

ALL FIELDS REQUIRED

Step	1 YOUR I	I NFORMATION (Please Pr	rint)	
O _{Mrs.} (O _{Mr.}			
O _{Ms.} (O _{Dr.}	MI	Last	Suffix
	First Name	IVII	Läst	Sumix
			Employer	
	Pho	one #	Email Address(es)	
			Home/Billing Address (Street, City, State, Zip)	
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Step 2	2 > YOUR (CIET		
Step /	YOUR	GIFI		
	l Gift to esignated	\$		
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Step :	YOUR I	NVESTMENT		
How s	hould United	Way of Northeast Louis	siana volunteers invest your gift?	
Support a specific issue or United Way community initiative/collaborative				
	Children, Youth, & Young Adults Successful in School & Life			
	_	c Opportunity for All & Safe Individuals, Families	e and Communities	
	O Healthy 6	s date individuals, i arrilles	s, and communities	
Please direct my gift to the following 501 (C) (3) Health & Human Services Non-Profit Organis Please submit separate Specific Care Forms for each individual designation				
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Name of Agency				
			Agency Address (Street, City State, Zip)	
Step 4	YOUR S	SIGNATURE		
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Specific Care Gifts must be \$100 or greater. Gifts of less than \$100 will be directed toward the general fund. This gift will be adjusted for pledge loss and an administrative fee. To process your designation request:

- Complete Specific Care Form (all fields required)
- Save the form and email to unitedway@unitedwaynela.org
- Also email a copy to your United Way Campaign Coordinator or HR/Payroll Department