



# PLEDGE FORM

FOR RESIDENTIAL DONORS

Subscribe to our  
Monthly E-Newsletter!



## WHAT IS YOUR INFORMATION?

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other:  Email:

First Name:  Last Name:  Suffix:

Spouse:  Home Address:   
City, State, Zip Code

Phone:  ☐ Cell ☐ Home ☐ Work

Your Employer:  Spouse's Employer:

## WOULD YOU LIKE TO JOIN A LEADERSHIP GIVING SOCIETY?

Select the level of your annual giving (yours only **or** combined with your spouse):

<input type="checkbox"/> <b>Alexis de Tocqueville Society</b> Annual Gift of \$10,000 or more	}	<input type="checkbox"/> <b>Admiral</b> \$5,000-\$9,999	<input type="checkbox"/> <b>Commodore</b> \$2,500-\$4,999
<input type="checkbox"/> <b>Steamboat Society</b> Annual Gift of \$1,000 or more		<input type="checkbox"/> <b>Captain</b> \$1,500-\$2,499	<input type="checkbox"/> <b>Commander</b> \$1,000-\$1,499
<input type="checkbox"/> <b>Bayou Society</b> Annual Gift of \$500-\$999			

## HOW WOULD YOU LIKE TO BE RECOGNIZED?

Recognition for Annual Gifts of \$500 or greater:

☐ Combine my gift with my spouse. ☐ Do NOT combine my gift with my spouse. ☐ I wish to remain anonymous.

Publish My Name As (include spouse's name if desired):

## WHAT IS YOUR PLEDGE TO OUR COMMUNITY?

### OPTION 1 - DIRECT BILL

Select an option below. Note: \$500 annual minimum for direct billing.

<input type="checkbox"/> <b>Monthly</b> (12)   Start Date: 1/31 <input type="text"/> <b>Monthly Amount</b>	<input type="checkbox"/> <b>Quarterly</b> (4)   Start Date: 3/31 <input type="text"/> <b>Quarterly Amount</b>
<input type="checkbox"/> <b>Semi-Annual</b> (2)   Start Date: 5/31 <input type="text"/> <b>Semi Annual Amount</b>	<input type="checkbox"/> <b>Annual</b> (1)   Start Date: 7/31 <input type="text"/> <b>Annual Amount</b>

☐ **Stock** {  
 Stock Name:   
 Approx. Amount:   
 Estimated Transfer Date:   
 Transferring Agent:

**Direct Bill Donors Receive Statements.**

### OPTION 2 - DONATE NOW

Select an option below.

☐ **Cash** (enclosed):

☐ **Check** (enclosed):

### OPTION 3 - CREDIT CARD BILLING

TEXT UNITEDWAYNELA TO 91999

\$25 Minimum

☐ **One Time**  
Credit Card: Amount:

☐ **Recurring**  
Credit Card: Amount:

☐ Monthly (12) charge  
☐ Quarterly (4) charge

**THANK YOU FOR YOUR SUPPORT!**

MY TOTAL ANNUAL GIFT IS: To Authorize Your Pledge, Please **Sign:**

Signature

Date