UNITED WAY
Northeast Louisiana

MONROE | 1201 Hudson Lane, Monroe, LA 71201
318.325.3869
RUSTON | 939 N. Trenton Street, Ruston, LA 71270
318.232.0055

PLEDGE FORM

FOR WORKPLACE DONORS

Subscribe to our Monthly E-Newsletter! ACTION REACTION

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):

☐ **Alexis de Tocqueville Society**
Annual Gift of $10,000 or more

☐ **Bayou Society**
Annual Gift of $500-$999

☐ **Steamboat Society**
Annual Gift of $1,000 or more

- ☐ **Admiral** $5,000-$9,999
- ☐ **Commodore** $2,500-$4,999
- ☐ **Captain** $1,500-$2,499
- ☐ **Commander** $1,000-$1,499

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 – PAYROLL DEDUCTION

Select the contribution amount per pay period. Payroll Deduction is available through company campaigns. Donors do **NOT** receive statements.

HOW MUCH?

☐ $100 ☐ $75 ☐ $50 ☐ $25
☐ $10 ☐ Other Amount: _____
☐ **1-Hour Pay per Pay Period**
Est. Amount: _____
☐ **2-Hours Pay per Pay Period**
Est. Amount: _____

HOW OFTEN?

☐ Biweekly (26/year)
☐ Bimonthly (24/year)
☐ Monthly (12/year)
☐ Other: _____

MY TOTAL GIFT IS: _____

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

MY TOTAL ANNUAL GIFT IS: _____

To Authorize Your Pledge, Please **Sign**:

_____
Signature Date

THANK YOU FOR YOUR SUPPORT!