



# 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>Bayou Society</b> Annual Gift of \$500-\$999		<input type="checkbox"/> <b>Captain</b> \$1,500-\$2,499	<input type="checkbox"/> <b>Commander</b> \$1,000-\$1,499
<input type="checkbox"/> <b>Steamboat Society</b> Annual Gift of \$1,000 or more			

## 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?

<p><b>OPTION 1 - DIRECT BILL</b></p> <p>Select an option below. Note: \$500 annual minimum for direct billing.</p> <p><input type="checkbox"/> <b>Monthly</b> (12)   Start Date: 1/31 <input type="text"/> <b>Monthly Amount</b></p> <p><input type="checkbox"/> <b>Quarterly</b> (4)   Start Date: 3/31 <input type="text"/> <b>Quarterly Amount</b></p> <p><input type="checkbox"/> <b>Semi-Annual</b> (2)   Start Date: 5/31 <input type="text"/> <b>Semi Annual Amount</b></p> <p><input type="checkbox"/> <b>Annual</b> (1)   Start Date: 7/31 <input type="text"/> <b>Annual Amount</b></p> <p><input type="checkbox"/> <b>Stock</b> {          Stock Name: <input type="text"/>          Approx. Amount: <input type="text"/>          Estimated Transfer Date: <input type="text"/>          Transferring Agent: <input type="text"/></p> <p><b>Direct Bill Donors Receive Statements.</b></p>	<p><b>OPTION 2 - DONATE NOW</b></p> <p>Select an option below.</p> <p><input type="checkbox"/> <b>Cash</b> (enclosed): <input type="text"/></p> <p><input type="checkbox"/> <b>Check</b> (enclosed): <input type="text"/></p> <hr/> <p><b>OPTION 3 - CREDIT CARD BILLING</b></p> <p><b>TEXT UNITEDWAYNELA TO 91999</b> \$25 Minimum</p> <p><input type="checkbox"/> <b>One Time</b> Credit Card: Amount: <input type="text"/></p> <p><input type="checkbox"/> <b>Recurring</b> Credit Card: {  <input type="checkbox"/> Monthly (12) charge  <input type="checkbox"/> Quarterly (4) charge          Amount: <input type="text"/></p>
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**THANK YOU FOR YOUR SUPPORT!**

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

Signature

Date