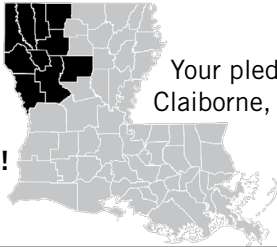


Thank you
for your contribution
to United Way of
Northwest Louisiana!



Your pledge helps improve lives in Caddo, Bossier, Webster, Bienville, Claiborne, DeSoto, Natchitoches, Sabine, Red River, and Winn Parishes!



Who is giving?

Dr. _____ First Name _____ Middle _____ Last _____
 (required) (required)

Mr. _____
 Ms. _____ Your Gender (choose one) Female Male Spouse/Partner Name _____
 Mrs. _____
 (choose one) Employer _____ Employee ID Number _____

Home Address _____
 City, State, Zip _____

Home Phone _____ Cell Phone _____

Personal Email _____ Date of Birth _____

I prefer all my gifts to remain anonymous for publication. Username _____

I have been giving to United Way for _____ years. Username _____

What amount are you pledging?

<p>EASY PAYROLL DEDUCTION</p> <p>A. Number of pay periods annually _____</p> <p>B. Amount per pay period 100 75 50 25 15 7 Other _____</p> <p>C. Total Gift Amount (AxB) \$ _____ Your final check stub for the year is your receipt.</p>	<p>OR</p>	<p>OTHER DONATION OPTIONS</p> <p>Pay now by attaching cash/check made payable to United Way of NWLA or</p> <p>Pay now by credit or debit card <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>CC# _____ ExpDate _____</p> <p>I pledge to donate 100 50 25 10 Other _____</p> <p>Per month to be charged/debited for 12 9 6 3 months Other _____</p> <p>Beginning date to charge (DD/MM/YYYY) _____</p> <p>Total Annual Gift Amount \$ _____</p>
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SIGN HERE _____ Date _____
 Signature and date are both required for all methods of payment.

Where do you want your pledge dollars to help? (optional)

<p>WITH THIS GIFT, I WANT TO SUPPORT</p> <p>LIVES IN NWLA</p> <p>HEALTH</p> <p>ESSENTIAL NEEDS</p> <p>EDUCATION</p> <p>FINANCIAL STABILITY</p>	<p>UNITED WAY PROGRAMS:</p> <p>Imagination Library</p> <p>BankOn NWLA</p> <p>Webster, Bienville, Claiborne Center</p> <p>FamilyWize</p> <p>Volunteer Center of NWLA</p>	<p>Other nonprofit agency (please specify) _____</p> <p>OR</p> <p>Please do not share my name with my designated organization</p>
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No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

Designated organizations must be tax-exempt 501(c)3. If the designated organization is not a certified 501(c)3, if organization name/address is not legible, or if all appropriate forms have not been submitted by the designated organization, United Way reserves the right to redirect your gift to United Way's general investment fund. Designations are reduced by an uncollectible shrinkage percentage. For more information, please call (318) 677-2504.

White - Return to United Way Yellow - Company/Donor copy