

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



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



820 JORDAN ST., STE 370 | SHREVEPORT, LA 71101

WHO is giving?

**required*

Salutation: Dr. Mr. Ms. Mrs.

*First Name _____

Middle Initial _____

*Last Name _____

Home Address _____

City _____

State _____

Zip _____

Birthday Month _____ Day _____

Spouse/Partner Name _____

Employer _____

Employee ID Number _____

Home Phone _____

Mobile Phone _____

Email _____

- I prefer all my gifts to remain anonymous for publication.
- I have been giving to United Way for _____ years.
- Retiring soon? Join Retirees United.
- Contact me about Planned Giving.
- I'm interested in volunteering.

WHAT amount are you pledging?

PAYROLL DEDUCTION

A. Number of pay periods annually:

- 52 = Weekly
- 24 = Twice per month
- 26 = Every two weeks
- 12 = Once per month

B. Amount per pay period:

- \$100 \$50 \$25 \$20 \$15
- \$12 \$7 Other \$ _____

C. * Total Gift Amount (Ax B) \$ _____

Your final check stub for the year is your receipt.

CREDIT CARD

Pay now by credit or debit card:

CC# _____

Exp Date: _____
Month Year

A. I pledge to donate \$100 \$50 \$25 \$10 Other \$ _____

B. To be charged Monthly Semi-yearly Quarterly One-Time

Beginning date to charge: Day _____ Month _____ Year _____

Last charge will be once your pledge has been fulfilled.

C. *Total Annual Gift Amount \$ _____

CASH/CHECK

Pay now by attaching cash/check made payable to United Way of NWLA

CASH -or- CHECK
(circle one above)

***Total Gift Amount**

\$ _____

HOW do you want your pledge dollars to help? (OPTIONAL)

I give to **United Way of Northwest Louisiana** to make the greatest community impact

HEALTH

EDUCATION

FINANCIAL STABILITY

ESSENTIAL NEEDS

Other nonprofit agency *(please specify)*

Please do not share my name with my designated organization

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.

SIGN HERE

Signature and date are both required for all methods of payment.

Date _____

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.

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

Your dollars help our community.

If you give...	It costs less than...	And you can help make a difference by...
\$7 a month (84 a year)	ONE VALUE MEAL at a fast food restaurant 	Providing one elderly person with transportation to four doctor's appointments
\$12 a month (144 a year)	 FOUR CAPPUCCINOS at a coffee shop	Purchasing 50 lbs of food for shelters, homeless centers, missions, and food pantries
\$25 a month (300 a year)	ONE MOVIE date night 	Giving safety, shelter, and services to a child in crisis for five days
\$50 a month (600 a year)	 ONE PEDICURE at a nail salon	Helping a disabled person receive their monthly prescriptions
\$75 a month (900 a year)	TWO ROUNDS OF GOLF 	Mentoring and tutoring 10 children after school
\$100 a month (1,200 a year)	 ONE MONTHLY LAWN SERVICE	Giving a veteran with PTSD the care and treatment needed for 30 days

QUICK CALCULATIONS

What's your pay period?

Donation per pay period	Weekly (52/year)	Every two weeks (26/year)	Twice per month (24/year)	Once per month (12/year)
100	5200	2600	2400	1200
75	3900	1950	1800	900
50	2600	1300	1200	600
25	1300	650	600	300
20	1040	520	480	240
15	780	390	360	180
12	624	312	288	144
7	364	182	168	84