



United Way
of Northeast Louisiana

I don't just wear the shirt...I LIVE it!
LIVE UNITEDTM

MY PERSONAL INFORMATION

Please print firmly. Information will be kept confidential.

First Name _____ MI _____ Last Name _____ Employer _____

Home Address _____ City _____ State _____ Zip Code _____

Email Address _____ Signature _____ Date _____

MY GIFT TO UNITED WAY

EASY PAYROLL DEDUCTION

1% OF MY ANNUAL SALARY

One hour's pay per month

- OR -

Per pay period:

\$85 \$65 \$45 \$25 other _____

My # of pay periods :

12 24 26 52 other _____

Other methods of payment (Please indicate amounts)

Personal check/cash attached \$ _____

Direct bill (\$500 minimum) \$ _____

Credit card (\$50 Minimum) \$ _____

Please bill me at: Address listed above

VISA MasterCard AMEX Discover

Other _____

Card #: _____

Address _____

Expires: _____

Month/Year to charge: _____

City _____ State _____ Zip _____

Stocks \$ _____

Monthly

Quarterly

Annually on _____

(Please contact United Way office when initiating transfer.)

MY GIFT (alone or with my spouse) QUALIFIES ME FOR MEMBERSHIP IN:

Check all that apply.

Alexis de Tocqueville Society (Gift of \$10,000 or more)

Total amount of leadership gift: \$ _____

Steamboat Society (Gift of \$1,000 or more)

Please list spouse's name & company if combining gifts:

Bayou Society (Gift of \$500 or more)

Spouse's Name: _____

African American Leadership Society (Must be a member of one of the above giving societies)

Spouse's Company: _____

Please list my/our name(s) as follows: _____

Please do not list my/our name(s) in any United Way publications.

I would like more information on the benefits of including United Way in my will, trust or estate plan.

**If you do not wish for your gift to be invested in the United Way Community Goals, please request a Specific Care Form from your United Way representative.*

I have supported United Way for ten or more years, beginning in _____ year
Register me for the **United Way** *Loyal Contributors Program.*

White-UnitedWay/Yellow-Company/Pink-Employee

Thank You!



Annual Salary Giving Guide

Annual Salary	One Hour's Pay Per Mo.	1% of Pay Per Mo.
\$20,000	\$10.00	\$17.00
\$30,000	\$15.00	\$25.00
\$40,000	\$20.00	\$33.00
\$50,000	\$25.00	\$42.00
\$60,000	\$29.00	\$50.00

Leadership Gift Guide

Giving Level:	Monthly Gift:
Bayou Society	\$41.66
Steamboat Society	\$83.33

Questions? Comments? Feedback? Visit the United Way of Northeast Louisiana website at www.uwnela.org and click on the "We want to hear from you!" icon to send us your questions or comments. A staff member will contact you in response; or, give us a call at (318) 325-3869 or toll free at (800) 644-9886.

thank you!



Dial 2-1-1 to get connected and get answers to your questions about community services or volunteer opportunities.

Thank you for your generous contribution to United Way of Northeast Louisiana. Under IRS guidelines, the full amount of your gift, if paid, qualifies as a deductible charitable contribution. No goods or services were provided in consideration of this gift. Should you have any questions regarding your gift or the receipt, please call our office at (318) 325-3869.

IRS TAX SUBSTANTIATION DOCUMENTATION REQUIREMENTS

Old IRS rule: Donors could deduct contributions up to \$250 without documentation.
 New IRS rule: No deduction of any amount without documentation.

Proof of payment to be used for IRS tax substantiation include the following:

If paid with: Cash - Receipt from United Way
 Checks or credit card - Canceled check or credit card statement

Payroll deduction - (1) Documentation from employer that indicates amount withheld AND (2) Copy of Pledge Form
If paying by payroll deduction please maintain copy of pledge form in your tax files.

If you wish to give all or part of your gift to a specific United Way Community Goal; or, through United Way to a specific United Way Partner Agency or other 501(c)(3) tax exempt health or human service agency, a Specific Care Form is available from your organization's United Way representative. Please note that Specific Care Forms must be turned in with pledge cards by November 30th to be honored. Designations written on this form can not be honored.

