

## MY PERSONAL INFORMATION

Information will be kept confidential.



Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### MY GIFT TO UNITED WAY

#### EASY PAYROLL DEDUCTION

- 1% OF MY ANNUAL SALARY
- One hour's pay per month
- Bi-weekly \$ \_\_\_\_\_ per pay period
- 12 month faculty/staff \$ \_\_\_\_\_ per pay period
- 9 month faculty \$ \_\_\_\_\_ annual contribution  
\$ \_\_\_\_\_ /9 = \$ \_\_\_\_\_ (no deductions taken June, July or August)  
(total) (per month)

#### Other methods of payment (Please indicate amounts)

- Personal check attached \$ \_\_\_\_\_
- Cash attached \$ \_\_\_\_\_
- Credit/Debit card (\$50 Minimum) \$ \_\_\_\_\_  
 VISA  MasterCard  AMEX  Discover
- Card #: \_\_\_\_\_
- Expires: \_\_\_\_\_
- Month/Year to charge: \_\_\_\_\_

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

- Steamboat Society** (Gift of \$1,000 or more)
- Bayou Society** (Gift of \$500 or more)
  - Emerging Community Leaders** (Donors 45 years or younger and a member of Bayou or Steamboat Society)
- Flying Ace Society** (Gift of \$250 or more)

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

Spouse's Name: \_\_\_\_\_

Spouse's Company: \_\_\_\_\_

Total amount of leadership gift: \$ \_\_\_\_\_

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.*

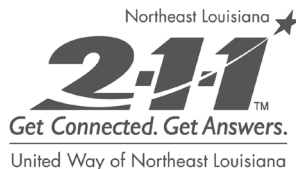
# Thank you!

## ULM

**United  
Way**



**United Way  
of Northeast Louisiana**



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

### 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/Emerging Community Leadership Society	\$41.66
Steamboat Society	\$83.33
Flying Ace Society	\$20.83

### How to connect to United Way

Questions? Comments? Feedback?

Visit the United Way of Northeast Louisiana website at [www.uwnela.org](http://www.uwnela.org) for answers to your questions or to give us your 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

*Questions? Comments? Feedback? Visit the United Way of Northeast Louisiana website at [www.uwnela.org](http://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 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 October 27th to be honored. Designations written on this form can not be honored.*

thank you!