

ABOUT ME



Capital Area United Way

NAME KEEP GIFT ANONYMOUS COMPANY

HOME ADDRESS CITY, STATE, ZIP

PHONE EMAIL ADDRESS BIRTHDATE (MONTH/DAY/YEAR)

I am a Loyal Donor, and I have been giving for: 5 - 9 years 10 - 14 years 15 - 19 years 20+ years
 I will be retiring in the next 2 years.

PLEDGE MY GIFT

PAYROLL OPTIONS

- I would like to give \$ _____ per pay period
My pay period is (number of times paid per year):
 weekly (52) monthly (12)
 bi-weekly (26) semi-monthly (24) other _____
- Fair Share (1 hour's pay per month) = \$ _____
- Super Share (2 hours' pay per month) = \$ _____
- One-time deduction of = \$ _____

OTHER PAYMENT OPTIONS

- Credit/Debit = \$ _____
Give at **cauw.org/donate** (for verification purposes, please indicate the transaction number from your confirmation email here): _____
- Cash = \$ _____
- Check = \$ _____
- Bill Me Later = \$ _____

MY TOTAL ANNUAL GIFT IS \$ _____ (IF YOUR ANNUAL GIFT IS \$1,000 OR MORE, YOU WILL BE RECOGNIZED AS A MEMBER OF THE GOTTLIEB SOCIETY)



INVEST MY GIFT

I WILL GIVE TO
CREATE THE
GREATEST IMPACT
IN MY COMMUNITY

I WILL GIVE TO
EDUCATION

I WILL GIVE TO
INCOME

I WILL GIVE TO
HEALTH

I WILL GIVE TO
BASIC NEEDS

OTHER: _____

A minimum of \$250 is required per designation to impact partners and will be subject to a nominal processing fee. In the event the designation received is less than \$250, the funds will be invested to create the GREATEST IMPACT. Designations are separate from allocations to impact partners and no fiscal or program oversight is provided.

Signature: _____ (By my signature, I authorize this contribution.) Date: _____

THANK YOU!

Your gift enables United Way to fight for the health, education, income stability and basic needs of every person in our 10-Parish community.

CAPITAL AREA UNITED WAY • 700 LAUREL STREET • BATON ROUGE, LA 70802 • (225) 383-2643 • CAUW.ORG