ABOUT ME				United Way
Name	□ keep gift anonymous	Company		Capital Area United Way
Home Address		City, State, Zip		
Phone	□ home □ cell	Email Address	Birthdat	e (month/day/year)
PLEDGE MY GIFT				
My pay period is (number weekly (52) meekly (52) se other Super Share (1 hour's par Super Share (2 hours' one-time deduction	onthly (12) emi-monthly (24) y per month) = \$ pay per month) = \$ of = \$ TOTAL ANNUAL GIFT:	(for verifica from your composition from yo	cauw.org/donate = \$tion purposes, please indicate the onfirmation email here): rd = \$ Security Code atter = \$	transaction number
RECOGNITION - I would like to be listed as: Please combine my gift with my spouse and/or partner:				
Company Name Amount of Pledge				
INVEST MY GIFT				
I WILL GIVE TO GREATEST IMPACT	I WILL GIVE TO EDUCATION	I WILL GIVE TO INCOME	I WILL GIVE TO HEALTH	I WILL GIVE TO BASIC NEEDS
Designations to 501 (c) (3) Health & Human Services non-profit organization are allowed however there is a minimum of \$250 per designation. In the event the designation received is less than \$250, the funds will be invested to create the GREATEST IMPACT. This gift will be adjusted for pledge loss and an administration fee. Designations are separate from grants 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.

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