



LINCOLN UNITED COMMUNITY COALITION a 501c3
“WE ARE BETTER TOGETHER”

Name: _____

Address: _____

City: _____ State: _____

Phone: Cell _____ Home _____

Email: _____

Date of Membership: _____ DOB: _____

Gender: Male Female Church You Attend: _____

I would like to Volunteer for (select all that apply):

- | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Children Services/Tutoring | <input type="checkbox"/> | Organizing Field Trips | <input type="checkbox"/> |
| Financial Literacy | <input type="checkbox"/> | Etiquette/Boys & Girls 9-14 | <input type="checkbox"/> |
| Single Parents | <input type="checkbox"/> | Housing Assistance | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Mentoring/Youth Sports | <input type="checkbox"/> |
| Food Distribution Services | <input type="checkbox"/> | Scholarship Program | <input type="checkbox"/> |

Auto Pay Mbrshp: Ckng Acct _____ **Savings Acct** _____ (select one) **1st** or **15th**
 at the depository financial Institution listed below (“Depository”) I (we) agree
 that ACH transactions I (we) authorize comply with all applicable law

Depository Name _____ **Amt to Draft** _____

Routing # _____ **Account #** _____

Signature _____

(ATTACH A VOIDED CHECK)

WAYS TO PAY

Zelle to lincolnucc1234@gmail.com

Cash App: \$lincolnUCC or email lincolnucc1234@gmail.com

Mail Check: [Lincoln United Community Coalition, P.O. Box 54, Ruston, LA 71273](#)

- | | |
|---|--|
| <input type="checkbox"/> Mo. Membership ___\$25/___\$300 ann (ck one) | <input type="checkbox"/> Sm. Business \$300 1yr. |
| <input type="checkbox"/> Senior Membership 70+___\$10 mo___/\$120 ann | <input type="checkbox"/> Ind/Bus Donation _____ |