

2020 CORPORATE PLEDGE FORM

UNITED WAY OF ABILENE
240 Cypress St. I PO Box 82
Abilene, TX 79604
Tel 325.677.1841 | Fax 325.677.1847
unitedwayabilene.org



1 COMPANY INFORMATION

CORPORATE NAME

CORPORATE CONTACT & TITLE

MAILING ADDRESS

CITY, STATE ZIP

BILLING ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

CITY, STATE ZIP

PHONE

E-MAIL ADDRESS

2 GIFT/CONTRIBUTION INFORMATION

MY TOTAL ANNUAL CONTRIBUTION IS: \$ _____

PAID NOW: \$ _____

BALANCE DUE: \$ _____

PLEASE BILL US:

Monthly Quarterly Annually

ELECTRONIC FUNDS TRANSFER: (Min. \$25/month. Please attach voided check.)

CREDIT CARD: (Please visit www.unitedwayabilene.org and click Give to enter your credit card information.)

SIGNATURE (REQUIRED) _____

DATE _____

Giving is a personal decision and is voluntary. No goods or services were provided in exchange for this contribution. Consult your tax advisor for more information.

3 CORPORATE BENEFITS

Please complete this section to provide us with more information about your gift. Thank you!

NEW CONTRIBUTOR: This is our first gift to United Way of Abilene.

LOYAL CONTRIBUTOR: Our organization has given to United Way for 25 years or more. We began giving in _____.

UNITED WAY FOUNDATION: I am interested in receiving more information about the United Way Foundation of Abilene.

WE PREFER OUR GIFT REMAIN ANONYMOUS