

# 2021 CORPORATE PLEDGE FORM

**UNITED WAY OF ABILENE**  
240 Cypress St. | 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](http://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 \_\_\_\_\_ .  
YEAR

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

WE PREFER OUR GIFT REMAIN ANONYMOUS