

2021 PLEDGE FORM

UNITED WAY OF ABILENE
240 Cypress St. | PO Box 82
Abilene, TX 79604
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unitedwayabilene.org



1 CONTACT INFORMATION

PREFIX FIRST NAME M.I. LAST NAME COMPANY/ORGANIZATION

HOME ADDRESS CITY, STATE ZIP

PHONE WORK HOME MOBILE E-MAIL ADDRESS WORK PERSONAL BIRTHDATE (OPTIONAL) / /

COMBINE OUR GIFTS Please combine my gift with my spouse's gift. Spouse: _____
Spouse's Employer: _____
Please list our name as follows: _____

2 CONTRIBUTION OPTION(S)

PAYROLL DEDUCTION *January - December unless otherwise noted*

A. Number of pay periods in a year _____

B. Amount pledged per pay period:
 \$5 \$10 \$15 \$25 \$50 \$100 Other: _____

A x B = Total Annual Payroll Pledge: \$ _____

BILL ME PLEDGE *Billed monthly until paid in full*

Invoice me for this amount: \$ _____

CREDIT CARD PLEDGE

I will visit unitedwayabilene.org/give.html to make a one-time payment or recurring payments totaling the amount below:
\$ _____

BANK DRAFT PLEDGE *Attach voided check*

Please schedule monthly bank draft payments to be paid from my bank account shown on the attached voided check on the 15th of each month in 2021 totaling the annual amount below:
Amt per mo. \$ _____ x 12 = \$ _____

PAY NOW

See attached cash or check payable for: \$ _____

MY TOTAL ANNUAL CONTRIBUTION IS: \$ _____

3 LEADERSHIP/GIVING INFORMATION

- NEW CONTRIBUTOR:** This is my first gift to United Way of Abilene.
- LOYAL CONTRIBUTOR:** I have given to United Way for 25 years or more. I began giving in (year) _____.
- UNITED WAY FOUNDATION:** I am interested in receiving more information about making a planned and/or legacy gift to the United Way Foundation of Abilene.

Please let us know if you qualify for the Leadership Giving Society or Fair Share Giver level, as defined below. Criteria may be met by combining your gift with a spouse's gift. Please mark all that apply.

- LEADERSHIP GIVING SOCIETY**
Leadership Giving Society members invest \$1,200 - \$9,999 annually with United Way of Abilene.
- Fair Share Giver**
Fair Share Givers are salaried employees who give at least 1% of their salary each year or hourly workers who give at least 1 hour of their pay each month.

United Way of Abilene may collect personally identifiable data about donors and volunteers when such information is voluntarily submitted. All such information is collected and stored in a manner appropriate to the nature of the data. United Way of Abilene does not sell or otherwise disclose this information outside of the organization. Providing your email address subscribes you to the United Way of Abilene e-newsletter. You may unsubscribe at any time.

SIGNATURE (REQUIRED) _____ **DATE** _____

I PREFER MY GIFT REMAIN ANONYMOUS

Giving is a personal decision and is voluntary. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. For payroll deductions, you will also need a copy of your December pay stub or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.