



Create Your Legacy

UNITED WAY FOUNDATION OF ABILENE PLANNED GIVING FORM

CONTRIBUTOR INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Donor Name To Be Listed: _____

I would like this donation to be anonymous. This gift is in honor of: _____

MY PLEDGE GIFT

I pledge to make one or more payments of \$ _____ to United Way Foundation of Abilene within the next five years on or near the approximate dates listed below:

Month/Year: _____ Month/Year: _____ Month/Year: _____ Month/Year: _____

Month/Year: _____ Month/Year: _____ Month/Year: _____ Month/Year: _____

MY PLANNED GIFT

This is to inform you that I/we have included a charitable bequest to United Way Foundation of Abilene in our estate plan. This planned gift, has been designated through a:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bequest in my will | <input type="checkbox"/> IRA/Retirement plan beneficiary designation | <input type="checkbox"/> Charitable remainder trust |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Life insurance policy beneficiary designation | <input type="checkbox"/> Other: _____ |

The value of my planned gift is estimated to be approximately: _____

Please provide any additional details you wish to describe about your gift: _____

MY COMMITMENT

Signature: _____ Date: _____

Note: United Way Foundation of Abilene is a 501(c)(3) non-profit organization. Charitable contributions are deductible for income tax purposes as prescribed by current laws and regulations. To discuss giving options, please contact Dr. Cathy Ashby at 325.677.1841 or drashby@unitedwayabilene.org.



United Way of Abilene
240 Cypress, Suite 200 | Abilene, Texas 79601
325.677.1841 | www.unitedwayabilene.org

Lasting Legacies