



Create Your Legacy

UNITED WAY FOUNDATION OF ABILENE PLEDGE 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: _____

DONATION INFORMATION

MULTI-YEAR PLEDGE

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: _____

ONE TIME DONATION

Donation Amount: _____

METHOD OF PAYMENT

AUTOMATED DONATION

Option A) Bank Account Withdrawals

Name Of Bank: _____

Bank Account Number: _____ Routing Number: _____

CREDIT CARD

Please visit <https://unitedwayabilene.org/Donate/> to make a one-time or recurring credit card payment.

CHECK ENCLOSED

Check Number: _____

INVOICE ME

Email Invoice Mail Invoice



Scan to pledge or donate online.

No goods or services were provided in exchange for this contribution.

I pledge to make a lasting impact by financially committing to the United Way Foundation of Abilene that will help build a permanent, sustainable avenue of support for the future of Abilene and the Big Country.

Signature: _____ Date: _____



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Lasting Legacies