

2027 CORPORATE PLEDGE FORM



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 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 **Donate** 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

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.

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