

UNITED WAY PLEDGE CARD



United Way
of Central Alabama, Inc.

Name / Company:

Billing Contact:

Address:

City:

State:

ZIP:

Phone:

Email:

Signature:

Date:

For internal use only

Account# _____ #Name _____

TOTAL GIFT \$

Payment Options

Check enclosed

(Please make check payable to: United Way of Central Alabama)

Bill monthly beginning in January

Bill quarterly beginning on: _____ (date)

Bill on: _____ (date)

(\$100 minimum for billing options)

THANK YOU

UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN EVERY COMMUNITY.



We provide unmatched scale of resources



Have the heart and capacity to meet needs



Develop strategies for measuring outcomes



Have long-term success in our community