

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