

# UNITED WAY PLEDGE CARD



United Way  
of Central Alabama, Inc.

Name / Company:

Billing Contact:

Address:

City:

State:

ZIP:

Phone:

Email:

Signature:

Date:

## 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

*For internal use only*

Account# \_\_\_\_\_ #Name \_\_\_\_\_

3600 8th Avenue South • P.O. Box 320189 • Birmingham, AL 35232 • Phone: 205-251-5131 • Fax: 205-323-8730 • [www.uwca.org](http://www.uwca.org)

**Submit**

**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