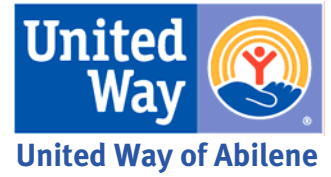


REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™



United Way of Abilene Corporate Pledge Form

COMPANY _____

BUSINESS ADDRESS (For credit card charges, address listed must be your billing address.) _____ CITY _____

STATE _____ ZIP _____ PHONE _____ FAX _____

CONTACT _____

We have been contributing to United Way for _____ years.
 Register us for the :
**United Way of Abilene
 Loyal Contributor
 Program**
 (Does not have to be continuous to the United Way of Abilene.)

Want to be a part of the community Investment process and help decide how United Way dollars are spent in the community?

Please provide your home/work email address so we can show you how your contribution is making a difference and provide opportunities to give, advocate and volunteer all year long.

HOME / WORK E-MAIL ADDRESS _____

PLEASE SELECT METHOD OF PAYMENT.

DIRECT GIFT

AMOUNT \$ _____

Direct gift to be paid by:

Cash

Check (enclosed)

Securities (please call 325-677-1841 when you are ready to transfer funds)

Bill

AMOUNT \$ _____

Please bill:

Monthly

Quarterly

Annually

INSTALLMENT GIFT

AMOUNT \$ _____

Electronic Funds Transfer: \$_____ per month
 Minimum \$20 per month; please attach voided check.

Credit Card: \$_____ per month
 Card # _____
 Exp. Date ____/____

PLEASE CHOOSE HOW YOU WANT TO INVEST IN YOUR COMMUNITY.

option A **COMMUNITY FUND**

Helping our community invest in its future through the Community Impact Agenda—*the most powerful way to invest your contribution.*

AMOUNT \$ _____

option B **FOCUSING YOUR INVESTMENT**

Helping children and youth grow into successful adults through **EDUCATION**

- Improving access to quality, affordable **child care** and early learning opportunities
- Partnering with schools and parents to improve **graduation rates**
- Providing after-school and mentoring programs for **at-risk youth**

AMOUNT \$ _____

Helping individuals and families achieve economic self-sufficiency through a **stable INCOME**

- Supporting **basic needs** while increasing financial education
- Helping hardworking people obtain job training and **family-sustaining wages**
- Increasing **family resources** to enable sustainable housing

AMOUNT \$ _____

Enhancing people's lives through better **HEALTH**

- Supporting **senior adults** to live independently and stay connected
- Reducing substance abuse, **child abuse** and **domestic violence**
- Increasing health education and **preventive care**

AMOUNT \$ _____

OUR GIFT OF \$10,000 OR MORE qualifies us as a member of the Red Feather Society.

- Please list our name as follows: _____
- We prefer that our gift remain anonymous.

Signature / Date _____

Please check the accuracy of all your entries.
 Thanks for investing in the community through the United Way of Abilene.

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.