United Way of Central Texas
4 N. 3rd Street, Temple, Texas 76501
www.UWCT.org 254-778-8616
PLEDGE FORM

1. Mr./Mrs./Ms./Dr. $\qquad$ First Name $\qquad$ MI $\qquad$ Last Name $\qquad$
Employer
Home Address
$\qquad$
Phone Number _________ Email
Phone Number
Please bill me at the above address One Time: \$ $\qquad$
Quarterly: \$ $\qquad$

## 3. DESIGNATION OPTIONS

$\square$ United Way Community Impact Fund
The most powerful way to invest your contribution where it is most needed in advancing the common good. These gifts will be used for education, financial stability, and health programs. Please refer to www.UWCT.org or information card for details.United Way Impact Initiative
Program Name: $\qquad$
United Way Partner Program
Program Name: $\qquad$
Other Non-Profit 501(c)(3) Agency
Agency Name:

## 5. PLEASE SIGN AND DATE

Signature $\qquad$ Date $\qquad$

