



# Corporate Pledge Commitment:

2207 Line Avenue · Amarillo, Texas · 79106-6718 · 806.376.6359 · Fax 806.376.9343

### Donor Information

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Person Pledging: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Pledge Information

Pledge Amount: \$ \_\_\_\_\_ Date Solicited: \_\_\_\_\_

Contribution payment options (please select one):

\_\_\_\_ Direct Billing (\$15 minimum per bill)  
Please do not bill \_\_\_\_ Please bill: \_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Annually Beginning: \_\_\_\_\_

\_\_\_\_ Check  
Attached: \_\_\_\_ Approximate date mailed: \_\_\_\_\_

\_\_\_\_ Credit Card  
Please charge: \_\_\_\_ Visa \_\_\_\_ MasterCard  
Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
Please bill: \_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Annually  
\*Charge processed upon receipt of pledge, unless otherwise indicated: \_\_\_\_/\_\_\_\_

### Designation Information

\_\_\_\_ Community Investment Fund

\_\_\_\_ Specific Care (must be tax exempt under section 501(c)(3) and a minimum of \$100  
Agency Name \_\_\_\_\_  
Release Name for Acknowledgement: \_\_\_\_ Yes \_\_\_\_ No

## Thank you for supporting our community through United Way!

Solicitor Name: \_\_\_\_\_

\*United Way of Amarillo & Canyon policy requires that the individual accepting each verbal pledge complete the above form. Individual then gives the United Way staff the completed form or information. One copy is given to the donor and another given to the United Way Information Director.

Please accept this as confirmation of your verbal pledge, and notify Charla Hakimi at United Way at (806) 376-6359 or [charla.hakimi@unitedwayama.org](mailto:charla.hakimi@unitedwayama.org) if your records do not agree. Thank you for your gift!

Date: \_\_\_\_\_  
(Date form was mailed to Company/CEO/Donor)

Staff Signature: \_\_\_\_\_  
(Staff responsible for mailing to Company/CEO/Donor)