



United Way
of Amarillo & Canyon

Confirmation of Verbal Pledge:

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 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)