



United Way of Greater Texarkana

1 Pledge Reaches 31 Programs

United Way of Greater Texarkana
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United Way Pledge Form

PLEASE PRINT:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Company Name: _____

Want to see how your contribution is making a difference?

Please provide your 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.

Email address: _____

GIVE. ADVOCATE. VOLUNTEER.

I want to contribute the following amount each pay period

\$50 \$25 \$10 \$5 Other \$ _____

FAIR SHARE GIVER

I pledge one hour of pay per month

Amount \$: _____

ONETIME GIFT

Amount \$: _____

Cash

Credit Card _____

Personal Check (enclosed)

LIVE UNITED

I choose to influence the condition of all. United Way Community Action Fund.
The most powerful way to invest your contribution.

EDUCATION: helping children and youth achieve their potential through education.

INCOME: helping families become financially stable and independent.

HEALTH: Improving people's health.

SIGNATURE

DATE

Thank you for your contribution through the United Way.
No goods or services were provided in exchange for this contribution.

