

INDIVIDUAL GIVING PLEDGE FORM

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unitedwayelpaso.org



United Way of
El Paso County

Your donation goes directly to the Community Impact Fund (see brochure or visit unitedwayelpaso.org for more information). Our organization is a 501(c)(3). Your donation is tax deductible within the limits of the current law.

Name _____

Home Address _____

City/State/ZIP _____

Preferred Email _____

Phone _____ Cell Phone Home Phone Work Phone

MY INVESTMENT IN EL PASO'S FUTURE

Total Annual Pledge	\$ _____
Paid Now	\$ _____
Balance Due	\$ _____

CHARGE ME FOR BALANCE DUE

Payroll Deduction	Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	Frequency: <input type="checkbox"/> Once on (date) _____ <input type="checkbox"/> Monthly (start date) _____ <input type="checkbox"/> Quarterly (start date) _____
	Credit number: _____	
	Security code: _____	
	Expiration date: _____	

Check payable to **United Way of El Paso County** is enclosed.

Signature _____ Date _____

KEEP IN TOUCH

Yes! I'd like to receive communication about United Way news and events sent to the email and cell phone number I've provided above.