



**UNITED WE FIGHT.  
UNITED WE WIN.**

**LIVE UNITED<sup>®</sup>**



Heart of Arkansas  
United Way

# WE'RE JOINING THE FIGHT FOR THE EDUCATION, FINANCIAL STABILITY, AND HEALTH OF EVERY PERSON IN OUR COMMUNITY.

**Company Name** \_\_\_\_\_

**Preferred Payment Method:**

- Enclosed check (payable to Heart of Arkansas United Way)
- Please bill us:
  - Monthly       Quarterly
  - Semi-Annually     Annually
- This is an employee match

United Way Account No.: \_\_\_\_\_

Last year's gift: \_\_\_\_\_

Total Pledge: _____
Payment Enclosed : _____
Balance: _____

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_