



Heart of Arkansas
United Way



UNITED WE THRIVE



We're helping build a community where everyone can thrive.

Company Name _____

Preferred Payment Method:

- Enclosed check (payable to Heart of Arkansas United Way)
- Please bill us:
 - Monthly Quarterly
 - Semi-Annually Anually
 - 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: _____