

2022-2023 CORPORATE PLEDGE FORM



Workplace Campaign Sponsor:

Staffworks

1 ORGANIZATION INFORMATION

This information will not be shared

I wish to remain anonymous ☐

Organization Name _____

Address _____ City _____ State _____ Zip _____

Contact Person Full Name _____

Phone _____ Email _____

2 GIFT AMOUNT & PAYMENT METHOD

Choose ONE

MY ANNUAL GIFT IS:

☐ **Option 1: Cash/Check Enclosed** ☐ Cash ☐ Check *Payable to United Way MV*

= \$ _____

☐ **Option 2: Debit/Credit Card** \$50 minimum annual gift

Card Number _____ Exp. Date _____ Start Date _____

☐ My billing address is the same as above

Billing Address *Required* _____

City _____ State _____ Zip _____

You may also give online at www.unitedwaymv.org/corpdonate.

Please Charge Me:

\$ _____

☐ Once **OR** ☐ Quarterly

For a total annual gift of:

= \$ _____

☐ **Option 3: Bill Me** \$50 minimum annual gift

☐ My billing address is the same as above

Billing Address *Required* _____

City _____ State _____ Zip _____

\$ _____

☐ Once **OR** ☐ Quarterly

For a total annual gift of:

= \$ _____

☐ **My business qualifies for United Way MV's Small Business Circle** (less than 50 employees and a donation of \$250 or more.)
Learn more. unitedwaymv.org/smallbusiness

3 SIGN AND DATE PLEDGE FORM

Required

* _____

Signature required for all pledges

Date _____