

# 2022-2023 CORPORATE PLEDGE FORM



EVERY DOLLAR INVESTED DIRECTLY IMPACTS OUR LOCAL COMMUNITY.

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](http://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](http://unitedwaymv.org/smallbusiness)

## 3 SIGN AND DATE PLEDGE FORM

*Required*

\* \_\_\_\_\_

*Signature required for all pledges*

Date \_\_\_\_\_