



2023-2024 CORPORATE PLEDGE FORM

EVERY DOLLAR INVESTED DIRECTLY IMPACTS DUR LOCAL COMMUNITY.			
1	ORGANIZATION INFORMATION	This information will not be shared	I wish to remain anonymous
		City St	
Cont	act Person Full Name		
Phor	ne	_ Email	
2	GIFT AMOUNT & PAYMENT ME	THOD 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		Please Charge Me:
		Exp. Date Start Date	\$ Once OR
	My billing address is the same as above Billing Address Required		
		State Zip	
	Vou may also sive enline at ununu	unitedwaymv.org/corpdonate.	
	rou may also give omme at www.u		
	Option 3: Bill Me \$50 minimum annua		\$
	Option 3: Bill Me \$50 minimum annual My billing address is the same as above	al gift	\$ Quarterly For a total annual gift of:
	Option 3: Bill Me \$50 minimum annual My billing address is the same as above Billing Address Required		Once OR Quarterly
	Option 3: Bill Me \$50 minimum annual My billing address is the same as above Billing Address Required City	al gift State Zip 's Small Business Circle (less than 50 employees and	Once OR Quarterly For a total annual gift of:

Signature required for all pledges