

2023-2024 CORPORATE PLEDGE FORM



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'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*

* _____ Date _____

Signature required for all pledges