United Way of the Mohawk Valley

2026-2027 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:**

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/donate.

Please Charge Me:

$ _____

☐ Once ☐ Quarterly

For a total annual gift of:

☐ **Option 3:**

$ _____

☐ Once ☐ Quarterly

For a total annual gift of:

☐ *My billing address is the same as above*

Billing Address *Required* _____

City _____ State _____ Zip _____

☐

3 SIGN AND DATE PLEDGE FORM *Required*

* _____ Date _____

Signature required for all pledges