

# CORPORATE PLEDGE FORM



**EVERY DOLLAR INVESTED DIRECTLY IMPACTS OUR LOCAL COMMUNITY.**

## 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

**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](http://www.unitedwaymv.org/donate).**

**Option 3:**

*My billing address is the same as above*

Billing Address *Required* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### MY ANNUAL GIFT IS:

**Please Charge Me:**

\$ \_\_\_\_\_

Once       Quarterly

For a total annual gift of:

\$ \_\_\_\_\_

Once       Quarterly

For a total annual gift of:

## 3 SIGN AND DATE PLEDGE FORM Required

\* \_\_\_\_\_ Date \_\_\_\_\_

Signature required for all pledges