CAPITAL AREA UNITED WAY CORPORATE PLEDGE CARD

COMPANY NAME

__________________________________________

BILLING CONTACT

__________________________________________

ADDRESS

__________________________________________

__________________________________________

CITY, STATE, ZIP

__________________________________________

PHONE

______________________________ EMAIL ADDRESS

______________________________

SIGNATURE ___________________________ DATE ____________________

CORPORATE GIFT

TOTAL GIFT: $ __________________________

☐ CHECK ENCLOSED

* Please make check payable to Capital Area United Way

BILLING OPTIONS*

☐ BILL MONTHLY BEGINNING IN JANUARY

☐ BILL QUARTERLY BEGINNING ON _____________

☐ BILL ON _____________

* $250 minimum for billing options

For internal use:

ACCOUNT #: ____________________________ STAFF NAME: ____________________________

ENVELOPE #: ____________________________ DATE: ____________________________
THANK YOU!
Your gift enables United Way to fight for the health, education, income stability