

2024-2025 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

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.

Option 3: Bill Me \$50 minimum annual gift

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

MY ANNUAL GIFT IS:

= \$ _____

Please Charge Me:

\$ _____

Once **OR** Quarterly

For a total annual gift of:

= \$ _____

\$ _____

Once **OR** Quarterly

For a total annual gift of:

= \$ _____

3 SIGN AND DATE PLEDGE FORM Required

* _____ Date _____

Signature required for all pledges