

# 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*

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

## 3 SIGN AND DATE PLEDGE FORM *Required*

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

*Signature required for all pledges*