

2024 CAMPAIGN CORPORATE PLEDGE FORM



2024 CORPORATE PLEDGE

2024 Pledge Amount: \$ _____

2023 Pledge Amount: \$ _____

ACCOUNT DETAILS

Account Number: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

PAYMENT OPTIONS

Please check one:

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Pay Now | \$ _____ | <input type="checkbox"/> Bill Semi-Annually | \$ _____ |
| <input type="checkbox"/> Bill Monthly | \$ _____ | <input type="checkbox"/> Bill Annually | \$ _____ |
| <input type="checkbox"/> Bill Quarterly | \$ _____ | | |

Pay Date/Bill Start Date: _____

CONTACT

Signature: _____

Name (Printed): _____

Title: _____ Date: _____

*Please complete, sign and return to United Way
Attn: Holly Brennan - Email: hbrennan@uwccmc.org or Fax: 937-324-2605*



United Way of Clark,
Champaign & Madison Counties

UWCCMC.ORG/CAMPAIGN