

UNITED WAY CORPORATE PLEDGE FORM

Please print.



Heart of West Michigan
United Way

INFORMATION

Organization _____

CEO Name _____ Address _____

PLEDGE

\$ _____ \$ _____ \$ _____
Amount Paid Now Check Number Check Date Balance Due

Gift paid for by: Corporate Foundation: _____
Foundation Name

PAYMENT SCHEDULE

Please bill us for balance due: Quarterly beginning January Annually

Please send our statement to the attention of:

Name _____ Title _____

Address (if different from above) _____ City _____ State _____ Zip _____

Phone _____ Email _____

- OR -

Electronic Funds Transfer through: _____

Contact Name _____ Phone _____

SIGNATURE

Authorized Signature _____ Date _____

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records.
Consult your tax advisor for more information.

UNITED WAY USE ONLY

Account Manager Signature _____ Date _____

Account Number _____ Campaign Year _____