



# Corporate Pledge Card 2018- 2019

*Company CEO or authorized representative completes this form if you will be making a Corporate Gift. It is returned with all other paperwork.*

Company Name: \_\_\_\_\_

Total corporate contribution (not including employee gifts) \$ \_\_\_\_\_

Paid now: \$ \_\_\_\_\_

Balance due (if applicable): \$ \_\_\_\_\_

Please bill us

- Annually on: \_\_\_\_\_
- Quarterly: **October, 2018, January, 2019, April, 2019, and July, 2019**
- Monthly beginning: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make checks payable to: United Way of Franklin County, Inc.