

2025-2026 CORPORATE PLEDGE FORM



EVERY DOLLAR INVESTED DIRECTLY IMPACTS OUR LOCAL COMMUNITY.

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:**

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/donate.

☐ **Option 3:**

☐ 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

3 SIGN AND DATE PLEDGE FORM Required

MY ANNUAL GIFT IS:

Please Charge Me:

\$ _____

☐ Once ☐ Quarterly

For a total annual gift of:

\$ _____

☐ Once ☐ Quarterly

For a total annual gift of:



Signature required for all pledges

Date _____