

CORPORATE PLEDGE

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

AUTHORIZATION: _____

(Please sign)

Please return in the envelope provided.

**United Way of
Marion County**



Our contribution will be paid:

Check (Payable to United Way) Check #: _____

Billed One Time **Billed Quarterly**

Credit Card

Name on Card: _____

Card Number: _____ Exp: _____

TOTAL CONTRIBUTION: _____