

## **CORPORATE PLEDGE**

COMPANY NAME:		
ADDRESS:		
PHONE:	EMAIL:	
AUTHORIZATION:	(Please sign)	DATE:
Our contribution will be paid:  Check (Payable to United Way) Ch  Credit Card	neck #: Billed One Time	☐ Billed Quarterly
	Exp:	
	TOTAL CONTRIBUTION:	
PUBLISHING:	_Yes, publish our company	No, do not publish
	Please list how you would like your company pu	ıblished.

Please return this form to: United Way of Monongalia and Preston Counties 278C Spruce St. Morgantown, WV 26505