

# CORPORATE GIFT PLEDGE FORM

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

## GIVE

In support of United Way of Allen County's Annual Campaign, our company will give: \$\_\_\_\_\_

**Our gift is enclosed**

**Please bill us**

## INTERESTS *please check all that apply.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advocacy Opportunities      | <input type="checkbox"/> Focus on Five (Early Childhood Coalition) | <input type="checkbox"/> Over the Edge           |
| <input type="checkbox"/> Community Food Drive        | <input type="checkbox"/> Food Security                             | <input type="checkbox"/> Persistence Pays Off    |
| <input type="checkbox"/> Day of Caring               | <input type="checkbox"/> Free Tax Preparation (VITA)               | <input type="checkbox"/> Retiree Giving          |
| <input type="checkbox"/> Educational Opportunities   | <input type="checkbox"/> Housing Stability                         | <input type="checkbox"/> Strong Neighborhoods    |
| <input type="checkbox"/> Equity & Diversity (DEI)    | <input type="checkbox"/> Kindergarten Countdown                    | <input type="checkbox"/> Volunteer Kit Builds    |
| <input type="checkbox"/> Estate Planning Information | <input type="checkbox"/> Mental Health Access                      | <input type="checkbox"/> Women United Membership |

Please contact the following person to discuss interest(s):

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**UNITED BY MISSION, DRIVEN BY IMPACT.**

Please place this completed form in the workplace campaign envelope, or mail to Amanda Davis:  
United Way of Allen County, 347 W. Berry St., Suite 300, Fort Wayne, IN 46802

