

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

Cash (enclosed) \$ _____

Check (enclosed) Check #: _____

Credit Card (Visa/MC/AmEx/Discover)

Charge my credit card \$ _____ on the 25th of every month.

Charge my credit card a one time gift of \$ _____.

CC#: _____

\$50 minimum, include billing address on reverse side.

Exp. Date: _____ Security Code: _____

INTERESTS *please check all that apply.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Advocacy Opportunities | <input type="checkbox"/> Food Security | <input type="checkbox"/> Mental Health Access |
| <input type="checkbox"/> Day of Caring | <input type="checkbox"/> Free Tax Preparation (VITA) | <input type="checkbox"/> Persistence Pays Off |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Housing Stability | <input type="checkbox"/> Retiree Giving |
| <input type="checkbox"/> Estate Planning Information | <input type="checkbox"/> Kindergarten Countdown | <input type="checkbox"/> Volunteer Kit Builds |

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

Contact Name: _____ Phone: _____

Email: _____

#CommunityChampion
Our community needs you.

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

