

UNITED WAY CORPORATE PLEDGE



United Way
of Central Carolinas

COMPANY NAME _____

COMPANY CONTACT _____

EMAIL ADDRESS _____

ADDRESS _____

CITY, STATE, AND ZIP _____

PHONE NUMBER _____

SIGNATURE _____ DATE _____

MY TOTAL GIFT IS: \$ _____ (REQUIRED)

ENCLOSED GIFT Check (payable to United Way) # _____ Date: (____/____/____)

BILL ME (\$100 minimum)
 One time Monthly Quarterly Semi-Annually First billing date: (____/____/____)

CREDIT/DEBIT CARD (\$25 minimum)
 One time Monthly Quarterly Semi-Annually First billing date: (____/____/____)

Enter your pledge in the box to the left. Then go to our website at www.uwcentralcarolinas.org/give-campaign to make a secure credit card payment.

DONOR ADVISED FUND
I will be recommending a grant from _____ (institution name) in the amount of \$ _____ in the year _____.

SECURITIES/STOCK Please call 704.371.6208 when you are ready to transfer funds.

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution.

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