

United Way of DeKalb County Corporate Pledge Form

COMPANY INFORMATION (PLEASE PRINT)

Company _____

Contact _____ Title _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

PLEDGE / DIRECT GIFT

CASH (ATTACHED)

CHECK (ENCLOSED) CHECK NUMBER _____

TO BE BILLED (PLEASE INCLUDE BILLING ADDRESS ABOVE)

MONTHLY QUARTERLY ANNUALLY

MY TOTAL ANNUAL GIFT IS:

\$ _____



SIGNATURE _____ **DATE** _____

Thank you for your contribution to United Way. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. EIN 35-1065714

WHY: Impact Funding

