



CORPORATE PLEDGE FORM



STEP 1 COMPANY INFORMATION

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Form Completed By _____ Email _____

Phone _____ Cell Work Pledge Authorized By _____

List our name as _____

STEP 2 OUR GIFT TO HELP OTHERS

A Direct Gift

DIRECT GIFT: \$ _____

Check enclosed (Payable to United Way SWI)

Credit card (Text **BeThe1** to 91-999 or visit unitedwayswi.org/give)

B Bill Me

BILL MY GIFT: \$ _____

Beginning in _____, 2023

Invoice annually

Invoice quarterly

STEP 3 SIGNATURE

SIGN HERE: _____ Date: _____

No goods or services were provided in exchange for this gift. United Way respects your privacy and will never sell or trade donor information.

Thank you for your generosity!

OFFICE USE ONLY

Pledge Entered By: _____ Date: _____

Invoice Sent By: _____ Date: _____