

# CORPORATE PLEDGE



United Way of Monongalia  
and Preston Counties

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_  
*(Please sign)*

*Please return in the postage paid envelope provided.*

Our contribution will be paid:

- Check** (Payable to United Way) Check #: \_\_\_\_\_  
 **Billed One Time**       **Billed Quarterly**  
 **Credit Card**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**TOTAL CONTRIBUTION:** \_\_\_\_\_

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