

CORPORATE PLEDGE



United Way of Monongalia
and Preston Counties

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

AUTHORIZATION: _____

(Please sign)

Please return in the 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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