

UNITED WAY OF YORK COUNTY, SC

CORPORATE PLEDGE FORM



United Way of
York County, SC

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 of York County, SC)
- Credit card (Visit www.unitedwayofyc.org/give/)

B Bill Me

- BILL MY GIFT:\$** _____
- Beginning in _____
- Invoice annually
- Invoice quarterly

Indicate if corporate gift includes company workplace campaign match and the amount _____

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: _____