

CORPORATE PLEDGE FORM



Crossroads
UNITED WAY

1 COMPANY INFORMATION

Corporate Name

Corporate Contact & Title

Mailing Address

City, State, Zip

Billing Address (if different than mailing address)

City, State, Zip

Phone

E-Mail Address

2 GIFT/CONTRIBUTION INFORMATION

Campaign Year

MY TOTAL ANNUAL CONTRIBUTION IS: \$ _____

PAID NOW: \$ _____

BALANCE DUE: \$ _____

PLEASE BILL US:

Monthly Quarterly Annually

SIGNATURE (REQUIRED) _____

DATE _____

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer documentation showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information.

3 CORPORATE BENEFITS

Please complete this section to provide us with more information about your gift. Thank you!

NEW CONTRIBUTOR: This is our first gift to Crossroads United Way.

LOYAL CONTRIBUTOR: Our organization has given to United Way for 10 years or more.

WE PREFER OUR GIFT REMAIN ANONYMOUS.