

# CORPORATE PLEDGE FORM

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

CEO: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CORPORATE PLEDGE TOTAL ANNUAL GIFT:**

**\$** \_\_\_\_\_

Paid Now: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

*Please make checks payable to: United Way*

Bill Me:  Once  Quarterly  Semi-Annually

**United  
Way**



**United Way of Cass County**

300 E Broadway Suite 101  
Logansport, IN 46947  
(574) 753-3533

[unitedwayofcasscounty.org](http://unitedwayofcasscounty.org)

***Thank You!***

**AUTHORIZED SIGNATURE**

**X** \_\_\_\_\_

No goods or services have been given in return for this contribution.