

# CORPORATE PLEDGE CARD

United Way of Wayne  
and Holmes Counties



Internal Account #:

Contact Name:

Company:

Address:

City:

State:

Zip:

Contact Number:

Contact Email:

## Donation:

Suggested Gift: \$

Last Year's Gift: \$

Other: \$

## Payment Method:

Check #:

Date:

Credit Card:

Exp. Date:

/

CVC:

Bill Me

Frequency of payment (circle one): one-time    monthly

Begin Billing Date:

## Designations (Where my gift should be directed):

Greatest Need

Holmes County

Health/Mental Health

Safety Net

Workforce Development

Youth Development

Other:

Signature:

