## CORPORATE PLEDGE

## **United Way of Porter County**

951 Eastport Centre Drive | Valparaiso, IN 46383 PO Box 2028 | Valparaiso, IN 46384 Phone 219-464-3583 | Fax 219-477-5845 www.unitedwaypc.org

1. Company Information		UW Ad	UW Acct. # (OFFICE USE)		
Company Name		Contact Name			
Address (Street/P.O.)		City	State	Zip Code	
Telephone	Email				
President/CEO					
2. Contribution Infor	mation				
Total Pledge \$		☐ My company a	agrees to match:		
		☐ Dollar for I	Dollar		
		☐ \$.50 per D			
Balance Due \$		Other:			
3. Billing Instruction	S				
☐ Check Enclosed [c	check #:]	]			
$\square$ Please bill us for th	e balance due				
$\square$ Once on (date)					
$\square$ Quarterly begin	ning in (check one) _	January April	JulyOctobe	er	
$\square$ Monthly beginn	ing in				
Card #	: Complete below or	☐ Contact me for card in	e:/	<del></del>	
X Signature			Date		
(REQUIRED	- your signature authorizes y	our company's pledge)			
4. My Recognition					
This is exactly how our	r company should be li	isted in printed publication	s:		
☐ Please contact us abou	t ways to engage our empl	oyees in volunteer opportunities		E IINITEI	

Thank you for supporting United Way!

