UNITED WAY OF SOUTH CENTRAL MICHIGAN

CORPORATE PLEDGE CARD

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

COMPANY PHONE NUMBER

Gift amount $ _____

Signature _____ DATE _____
(required to authorize payment)

BILL MY COMPANY

☐ monthly ☐ quarterly ☐ one time

start date _____ / _____ (month/year)

CHECK (payable to UWSCMI) $ _____

Check # _____ Date: _____

YOU MAY PAY YOUR PLEDGE BY MAILING A CHECK OR BY USING YOUR ONLINE BANKING BILL PAY. THANK YOU!

UNITED WAY
South Central Michigan

Printed Name _____

Send statement to _____

Phone _____ Email _____

PLEASE DIRECT OUR GIFT TO:

☐ WHEREVER ITS NEEDED MOST
☐ CALHOUN COUNTY
☐ JACKSON COUNTY
☐ ALBION-HOMER
☐ CLINTON/EATON/INGHAM COUNTIES
☐ KALAMAZOO COUNTY

Note: If you make more than one selection, your gift will be divided evenly between them.