Corporate Donation







unitedwayhelps.org

COMPANY AND CON	ITACT PERSON					
ADDRESS						
CITY			S	TATE ZIP		
SIGNATURE			D	ATE		
TITLE			WORK EMAIL			
Total Gift \$ Amount Paid \$			Balance \$			
Please Bill Us:	Annually	☐ Semi-annually	☐ Quarterly	☐ _{Monthly}	☐ Other \$	
Billing Start Date	:		Check #	Date		

Corporate Donation

United Way of Central Minnesota





unitedwayhelps.org

COMPANY AND CON	ITACT PERSON				
ADDRESS					
CITY			S	TATE ZIP	
SIGNATURE			Di	ATE	
TITLE			W	ORK EMAIL	
Total Gift \$		Amount Paid \$		Balance \$	
Please Bill Us: Billing Start Date	Annually	☐ _{Semi-annually}	Quarterly Check #	Monthly Date	Other \$

Corporate Donation

United Way of Central Minnesota





unitedwayhelps.org

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ADDRESS					
CITY			STATE ZIP		
SIGNATURE			DATE		
TITLE			WORK EMAIL		
Total Gift \$ Amount Paid \$		Balance \$			
Please Bill Us:	□ Annually	☐ Semi-annually	☐ _{Quarterly}	□ _{Monthly}	□ Other §
Billing Start Date:			Check #	Date	