

CORPORATE UNITED WAY PLEDGE

Company name _____

Mailing address _____

Phone _____

\$ _____

Total Corporate Pledge

\$ _____

Amount Paid

\$ _____

Balance Due

Billing instructions: Semi-annually Quarterly Once on _____ (date)

Authorization: Name _____ Title _____

Signature _____ Date _____

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United Way
of Delaware County

United Way of Delaware County
Mailing: P.O. Box 319, Delaware, OH 43015
Location: 8999 Gemini Parkway, Ste. 100, Columbus, OH 43240
Phone: (614) 436-UWAY (8929)
Fax: (614) 846-2182
E-mail: feedback@uwaydelaware.org
www.LiveUnitedDelawareCounty.org

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