

CORPORATE UNITED WAY PLEDGE

Firm name _____

Mailing address _____

Phone _____

\$ _____

Total Corporate Pledge

\$ _____

Amount Paid

\$ _____

Balance Due

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

Authorization: Name _____ Title _____

Signature _____ Date _____

United
Way



United Way
of Delaware County

United Way of Delaware County
40 N. Sandusky St., Suite 203/P.O. Box 319
Delaware, OH 43015
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