



Corporate Pledge Card

United Way respects your privacy. We never release or sell donor information.

Company _____

Address _____

City, State ZIP _____

Name _____

Signature _____

Your Phone _____

Your Email _____

\$	\$	\$
Total Gift	Payment Enclosed	Balance Due

Payment Options

- Bill after January 1
- Bill quarterly beginning on _____ (date)
- Bill on _____ (date)

Please make checks payable to:
United Way of Forsyth County

Thank You!

301 North Main Street Suite 1700 Winston-Salem, NC 27101 Phone 336-723-3601 Fax 336-724-1045 www.forsythunitedway.org

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