CORPORATE GIFT PLEDGE FORM

Business Name:		
Contact Name:	Phone:	
Address:	City:	
State:Zip:	_ E-mail:	
GIVE In support of United Way of Defiance Coun Our gift is enclosed Please bill us		give: \$
Every year, 20 community members serve of allocate the campaign funds in the	unity. Another opportunity to advocate is to our employees being involved in United Wa our employees being involved in United Wa cuss:	o join our Board of Directors. y's Community Investment process. y's Board of Directors.
Contact Name:	Phone:	Ext
VOLUNTEER United Way of Defiance County supports a volunteer opportunities. Last year, we help: Yes, we are interested in learning how of Please contact the following person to discontinuous contact the second contact th	ed connect over 1,000 volunteer hours in ur company and its people can LIVE UNIT	Defiance County.
Contact Name:	Pnone:	Ext

>> Please place completed form in the workplace campaign envelope, or scan and email to abby@unitedwaydefiance.org, or mail to our office.

