



Rice County Area United Way

CORPORATE DONATION

Company

COMPANY NAME _____

FINANCE CONTACT PHONE NUMBER () ____ - ____

FINANCE CONTACT EMAIL _____

Our Gift

Annual Corporate Gift \$ _____

OR

Matching Employee Gifts 100% 50% Other: _____

Payment Options

____ Check enclosed

____ Please Invoice Us:

____ Once ____ Monthly ____ Quarterly

First Payment: ____ / ____

Signature and Date

X _____

AUTHORIZED SIGNATURE

DATE

Thank you for your generous support!
Please return this form with your employee pledge forms.