



COMPANY PLEDGE

Our pledge of \$ _____ * will be paid as indicated:

Amount paid now \$ _____

☐ **CHECK** No. _____ Check Date: _____

☐ **CREDIT CARD** (check one) ☐ Visa or ☐ MasterCard

No. _____

Exp. _____ 3-digit code _____

Name on Card _____

☐ **BILL** (check one) ☐ Annually (specify month) _____
☐ Semiannually (January & July)
☐ Quarterly (January, April, July & October)
☐ Monthly

Send billing statement to:

Name _____

Phone _____

Address _____

COMPANY INFORMATION

Company _____

CEO _____ Phone _____

Email _____

Address _____

Authorized Signature _____ Date _____
(required for validation)

*Corporations or businesses may not designate their corporate gift. All corporate gifts will be directed to the United Way Impact Fund. This contribution is tax deductible to the extent permitted by law. United Way does not provide goods or services as a whole or partial consideration for any contribution.



combined health
agencies drive



United Way of Lincoln
and Lancaster County

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Yellow Copy = Contributor

White Copy = United Way

