

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## MY CORPORATE GIFT TO MY COMMUNITY

Total Annual Gift \$ \_\_\_\_\_

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. The license is not an endorsement by the state.

Amount Enclosed \$ \_\_\_\_\_ (Cash/check made payable to UWCFA)

Balance Due \$ \_\_\_\_\_

Please Bill Us

Quarterly

Monthly

One-Time (date) \_\_\_\_\_

Please charge my MasterCard, Visa, or Discover Card

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP. DATE

*Thank you!*

SIGN AND DATE TO AUTHORIZE YOUR PLEDGE (REQUIRED)

DATE \_\_\_\_\_

.....  
Please keep bottom portion for your records.

## MY CORPORATE GIFT TO MY COMMUNITY

Total Annual Gift \$ \_\_\_\_\_

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. The license is not an endorsement by the state.

Amount Enclosed \$ \_\_\_\_\_ (Cash/check made payable to UWCFA)

Balance Due \$ \_\_\_\_\_

Please Bill Us

Quarterly

Monthly

One-Time (date) \_\_\_\_\_

Please charge my MasterCard, Visa, or Discover Card

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP. DATE

*Thank you!*

Please send payment to:

United Way of the Cape Fear Area  
5919 Oleander Drive, Suite 115  
Wilmington, NC 28403

910.798.3911



**LIVE UNITED.**<sup>TM</sup>

www.cfauw.org