



United Way
of York County

2020 CORPORATE PLEDGE Thank You for Your Support!

Our Company Pledges
a Total Annual Gift of: \$ _____ Payment Enclosed: \$ _____

Unpaid Balance: \$ _____

Company/location: _____

CEO Contact: _____

Payroll Contact: _____

Campaign Coordinator: _____

Authorized Signature: _____ Date: _____

Contact (CEO / Payroll / Campaign Coordinator) for more information:

Email: _____ Phone: _____

May we publicly share your corporate gift amount? YES NO

*Method of Payment for
Unpaid Balance:*

- ____ Monthly
- ____ Quarterly
- ____ Semiannually
- ____ Annually

*Please begin sending pledge
reminder on:*



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