CORPORATE PLEDGE FORM

United Way of Kenosha County 5500 6th Ave, Ste. 210 Kenosha, WI 53140 262-658-4104 www.kenoshaunitedway.org



Corporate Name	Corporate Contact & Title
Mailing Address	City, State, Zip
Billing Address (if different than mailing address)	City, State, Zip
Phone I	E-Mail Address
2 GIFT/CONTRIBUTION INFORMATION AY TOTAL ANNUAL CONTRIBUTION IS: \$	
BALANCE DUE: \$	
PLEASE BILL US: Monthly Quarterly	Annually
SIGNATURE (REQUIRED)	
DATE	
	es were provided in exchange for this contribution. Please keep a copy of this form for your tax record documentation showing the amount withheld and paid to a charitable organization. Consult your tax
You will also need a copy of your pay stub, W-2 or other employer of	
You will also need a copy of your pay stub, W-2 or other employer of	
You will also need a copy of your pay stub, W-2 or other employer of advisor for more information. 3 CORPORATE BENEFITS	
You will also need a copy of your pay stub, W-2 or other employer of advisor for more information. 3 CORPORATE BENEFITS	with more information about your gift. Thank you!