

United Way of Coastal Carolina Corporate Pledge Form

601 Broad Street
New Bern, NC 28560
t (252)637-2460
f (252)637-4190

1. Company Information. Please print and sign. Your information, including email, is never shared.

COMPANY NAME _____

MR/MRS/MS/DR FIRST NAME _____

MI _____

LAST NAME _____

ADDRESS (For credit card charges, address listed must be your billing address) _____

CITY _____

STATE _____

ZIP _____

HOME PHONE _____

DAYTIME PHONE _____

PREFERRED EMAIL ADDRESS _____

2. United Way Corporate Investment.

Total Investment = \$ _____

Cash/Check Attached

Credit Card/Debit Card (\$50 Minimum)

Master Card Visa

Total Amount \$ _____

Check # _____

Account # _____

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Please Bill Me (\$25 Minimum per statement)

Expiration Date

| | / | | |

One time on _____ (Mo/Yr)

Monthly Quarterly (Jan/April/July/Oct)

Sign here for authorization.

3. Signature.

Signature: _____ DATE: _____

Your contribution is fully tax deductible. No goods or services were provided in exchange for this contribution. We comply with the United States Patriot Act.

4. RECEIPT.

THANK YOU!

Pledge	Amount Paid	Balance



United Way of Coastal Carolina, Inc.
PO Box 1385, New Bern, NC 28563
(252) 637-2460 phone, (252) 637-4190 fax
www.unitedwaycoastalinc.org

Thank you for your pledge. No significant goods or services have been provided in return for this contribution.
"Financial information about this organization and a copy of its license are available from the
State Solicitation Licensing Branch at 1-888-830-4989. This license is not an endorsement by the State."

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