Corporate Gift Pledge Form

United Way of the Virginia Peninsula | 2021/2022



Company Name		
Contact Name	 Tit	tle
Email		Phone Number
Company Address		 Suite#
City	State	Zip Code
Website	Please recognize my organization as	
Authorized Signature		
Select one of the following options: 1) CHECK ENCLOSED \$ 2) PAYROLL MATCHING \$	 OR %	3) SEND AN INVOICE \$ One Time Bill(mo/yr) Quarterly Bill Starting(mo/yr) Monthly Bill Starting(mo/yr)
Total Gift Amo	ount: \$	

THANK YOU!

For your generous corporate investment in our community through United Way.

When we live to give, we LIVE UNITED!

Together, we can create Pathways out of Poverty for our neighbors in need.

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