

LIVE UNITED

2016-2017

Corporate/Business Gift Form



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www.lcuw.org • E-mail unitedway@lcuw.org

TOTAL PLEDGE \$ _____

PAID NOW \$ _____

BALANCE DUE \$ _____

Please bill me for balance due:

Quarterly (Jan/Apr/Jul/Oct)

Semi-annually (Jan/June)

Monthly

Credit/Debit

Visa Mastercard Discover

Once Monthly Quarterly

Card# _____

Expiration: _____

Authorized signature:

Make checks payable to United Way. THANK YOU for your contribution!