

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Total Gift

\$

Paid Now

\$

Balance Due

Balance will be paid:

- ☐ Monthly
- ☐ Quarterly
- ☐ Other

- ☐ Semi-annually
- ☐ Annually
- ☐ Please Bill for Balance Due

Signature \_\_\_\_\_

Date \_\_\_\_\_

Corporate Pledge



**UNITED WAY**

West Georgia

P.O. Box 532

LaGrange, GA 30241