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## **Corporate Pledge Form**

## **Company Information**

Company Name:
Address:
Chief Executive:
Phone:Email:
Main Contact:
Phone:Email:
Gift/Contribution Information
Total Annual Contribution: \$
☐ Paid Now: \$
Balance Due: \$
☐ Please Bill Us:
☐ Monthly ☐ Quarterly ☐ Annually
Authorized Signature:
Printed Name: Date:
Designation Information
We would like to designate our gift to:
☐ Live United Fund
☐ Education – Helping children and youth achieve their potential
☐ Financial Stability – Helping individuals and families become financially stable and independent
☐ Health – Improving the health of children, families, and our community
☐ Fund for Ravalli County – Supporting nonprofit health and human service organizations in the Bitterroot Valley
☐ United Way of Missoula County's Permanent Endowment