

CORPORATE PLEDGE FORM

YES, I want to make my impact on the community through Rappahannock United Way

Company _____ **Last Year's Gift:** _____

Address _____

City _____ State _____ Zip _____

Phone _____

*E-mail _____ *By providing your e-mail, we can keep you updated on the progress of our Community Impact Agenda

\$ _____ **Gift** **Make check payable to Rappahannock United Way** **Direct Billing Quarterly** \$ _____ (\$25 minimum)

_____ Mastercard _____ Visa _____ Discover

Card # _____ Expiration Date _____

Signature _____ **THANK YOU!**



Rappahannock United Way

Contributor's Record

Contribution Amount \$ _____

Paid By
___ Check # _____
___ Credit Card

Contributions are tax deductible and can be mailed to

Rappahannock United Way
PO Box 398
Fredericksburg, VA 22404

540-373-0041

www.rappahannockunitedway.org