



CORPORATE PLEDGE FORM

Company Name: _____ Account #: _____

Address: _____

2026 CORPORATE PLEDGE AMOUNT: \$ _____

Pledges for 2026 are payable by December 31, 2027

Our company matches employee gifts: (Check one) ☐ 100% ☐ 50% ☐ Other: _____

Corporate Contributions Contact

Name: _____ Contact Preference: ☐ Email ☐ Phone ☐ Mail

Email: _____ Phone: _____

Billing Address: (if different than above) _____

Corporate Payment Reminder Frequency (Check one, indicate amount)

- ☐ None. Payment will automatically be sent.
- ☐ Annually ☐ Monthly \$ _____
- ☐ Quarterly \$ _____ ☐ Semi-annually \$ _____

Reminder start date: ____ / ____ / ____ (Default date is 1/1 of the new year)

Billing Preference: ☐ Mail ☐ E-mail

Expect Payments from: ☐ Check ☐ EFT ☐ Credit Card ☐ Other: _____

Expect Gift Payment by: ☐ Company ☐ Foundation ☐ Donor Advised Fund

Name of Foundation/Donor Advised Fund: _____

AUTHORIZED SIGNATURE _____ **DATE** _____

EIN #56-0668555 | United Way Greater Greensboro | 1500 Yanceyville St Greensboro, NC 27405

No goods or services were provided in exchange for this contribution. Please keep a copy this form for your tax records. Consult your tax advisor for more information.
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