UNITED WAY
Greater
Greensboro

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 _____