

GIVE. ADVOCATE. VOLUNTEER.

LIVE UNITED®

Lycoming County
United Way



Corporate Pledge Form 2020

Business: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ # of Employees _____

Phone: _____ Email: _____

In support of the Lycoming County United Way, our company would like to make a gift of:

Total Pledge	Amount Paid	Balance Due
\$ _____	\$ _____	\$ _____

To be paid by:

- CASH/CHECK** (checks payable to Lycoming County United Way)
- CREDIT CARD** or **BILL ME** First Charge / Billing Date (MM/YY) _____
 - One Time Semi-Annually Quarterly Monthly
 - Amercian Express Discover Mastercard Visa

Account #: _____ 3-or 4-digit security code: _____ Exp. date: _____

Current Year: _____ County: ___ Lycoming ___ Sullivan ___ Tioga

Authorized Signature Date

Please check the accuracy of your entries and retain a copy for your tax records.

Recognition: I/we wish to remain anonymous.

Sponsorship/Marketing

We wish to designate an additional amount of \$ _____ for Lycoming County United Way sponsorship and marketing opportunities. Sponsorships will be recognized at Lycoming County United Way events and in publications and communications.