

# COMPANY PLEDGE CARD

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

In support of the human services provided by the member agencies of the MARSHFIELD AREA UNITED WAY, our Company pledges:



**Marshfield Area  
United Way**

101 W. 29th St., Ste. 104

P.O. Box 771

Marshfield, WI 54449

715-384-9992

Company (not employee) Pledge \$ \_\_\_\_\_

Paid Now \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

\*Please bill us for the remaining balance:

Quarterly  Semi-Annually

First payment to be made \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_