

# 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:

Company (not employee) Pledge	\$ _____	*Please bill us for the remaining balance:
Paid Now	\$ _____	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually
Balance Due	\$ _____	First payment to be made _____, _____



**Marshfield Area  
United Way**

101 W. 29th St., Ste. 104

P.O. Box 771

Marshfield, WI 54449

**715-384-9992**

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