

United Way St. Croix Valley

516 Second Street, Suite 214B

Hudson, WI 54016

715-377-0203 Telephone

715-377-0774 Fax

www.unitedwaystcroix.org



Corporate Pledge

Company Name _____

Contact Person _____

Telephone _____

Address _____

City, State, Zip _____

Signature _____ Date _____

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™

ANNUAL GIFT \$ _____

METHOD OF PAYMENT

- Enclosed is \$ _____
- Bill me for balance of \$ _____
- Quarterly
- One Time: Month of _____
- Other _____

Your donation is deductible as provided by law.

United Way St. Croix Valley

516 Second Street, Suite 214B

Hudson, WI 54016

715-377-0203 Telephone

715-377-0774 Fax

www.unitedwaystcroix.org



Corporate Pledge

Company Name _____

Contact Person _____

Telephone _____

Address _____

City, State, Zip _____

Signature _____ Date _____

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™

ANNUAL GIFT \$ _____

METHOD OF PAYMENT

- Enclosed is \$ _____
- Bill me for balance of \$ _____
- Quarterly
- One Time: Month of _____
- Other _____

Your donation is deductible as provided by law.

United Way St. Croix Valley

516 Second Street, Suite 214B

Hudson, WI 54016

715-377-0203 Telephone

715-377-0774 Fax

www.unitedwaystcroix.org



Corporate Pledge

Company Name _____

Contact Person _____

Telephone _____

Address _____

City, State, Zip _____

Signature _____ Date _____

REACH OUT A HAND TO ONE AND INFLUENCE THE CONDITION OF ALL.

LIVE UNITED™

ANNUAL GIFT \$ _____

METHOD OF PAYMENT

- Enclosed is \$ _____
- Bill me for balance of \$ _____
- Quarterly
- One Time: Month of _____
- Other _____

Your donation is deductible as provided by law.