UNITED WAY OF LICKING COUNTY
2019 CORPORATE CAMPAIGN PLEDGE

Thank you for your contribution through the United Way campaign. No goods or services were provided for this contribution. Please keep a copy of this form for your tax records. Consult your tax advisor for more information.

Improving Lives by Uniting the Community!  PO Box 4490 • Newark, Ohio 43058-4490 • 740.345.6685 • www.unitedwaylc.org

Company Name

Contact

Mailing Address (Street or PO Box)  City  State  Zip

❑ I/we would like more information on leaving a legacy gift to UWLC.
❑ I/we have named UWLC in my/our will.
### ONE TIME CONTRIBUTION
- **Cash**
- **Check**

$ ____________

**Amount**

- **Cash**
- **Check**

**Check Number**

- **Cash**
- **Check**

**Date**

- **Cash**
- **Check**

Please keep our organization or company anonymous.

### BILL ME OR CHARGE MY CREDIT/DEBIT CARD

<table>
<thead>
<tr>
<th>1. One Time</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Start Date ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge my Credit or Debit Card</td>
<td>(Minimum donation of $50 to charge card)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL GIFT $ ____________

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### OPTIONAL: Please direct this gift to support a specific priority:

- Behavioral Health $ _____
  - Promoting healthy communities that effectively address addiction, child abuse and neglect,

- Children, Youth & Families $ _____
  - Increasing opportunity for children, youth and families,

- Poverty $ _____
  - Coordinating and enhancing services that promote self-sufficiency.

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### CORPORATE GIVING LEVELS

<table>
<thead>
<tr>
<th>Capstone</th>
<th>Pillar</th>
<th>Cornerstone</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,000+</td>
<td>$25,000 - $99,999</td>
<td>$1,000 - $4,999</td>
</tr>
</tbody>
</table>

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### SIGNATURE (required to process pledge)

X

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### TOTAL GIFT $ ____________

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### BILL ME OR CHARGE MY CREDIT/DEBIT CARD

1. **One Time**
2. **Bill Me**
3. **Charge my Credit or Debit Card**

**Billing Address for Card**

- **Same As Other Side**
- **Other**

**Credit/Debit Card Number**

**Expiration Date**

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### SIGNATURE (required to process pledge)

X

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### TOTAL GIFT $ ____________

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### BILL ME OR CHARGE MY CREDIT/DEBIT CARD

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**Credit/Debit Card Number**

**Expiration Date**

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### SIGNATURE (required to process pledge)

X

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### TOTAL GIFT $ ____________