UNITED WAY
Ohio Valley

Name: _____

Email: _____

_____

(PRINT/LABEL HERE)

UNITED WAY OFFICE USE ONLY

Env # _____

Date: _____

Ck # _____

Corporate Gift

TOTAL GIFT $ _____

$ _____ PAID NOW

$ _____ BALANCE DUE

How often do you wish to make your gift?

☐ Annually ☐ Quarterly ☐ Monthly

All statements will be sent out quarterly with remaining balance due.

Signature: _____

Email: _____ Date: _____

Reminder: UWOV does not provide goods or services as whole or partial consideration for any contributions.

UNITED IS THE WAY™

Thank You

for your gift- and for investing in our community.