

**UNITED WAY OF IREDELL COUNTY, INC.**

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e-mail: uway@unitedwayofiredell.org

www.unitedwayofiredell.org

ID # _____

Company Name _____

Address _____

City, State, Zip _____

LIVE UNITED™**2010 CORPORATE PLEDGE**To support services provided to our community by United Way of Iredell County and its member agencies, this firm will make a contribution in the amount of: *(write in amount of donation on the left and payment method on the right):***PLEDGE INFORMATION**

\$ _____ Total Contribution

- \$ _____ Total Paid Now

\$ _____ Amount to be Billed

PAYMENT METHODS (Pledge may be paid anytime in 2010 or 2011) Check enclosed. Sending check for full amount on: _____ Send bill before end of 2010. Quarterly billing starting in January, 2011.

CEO Signature: _____ Date: _____

PLEASE LIST ONLY EMPLOYEE GIVING IN THIS SECTION**2010 EMPLOYEE GIVING SUMMARY**

of Employees(Full-Time Equivalent) A) _____

Total Amount Pledged by Employees B) \$ _____

Total \$\$ From Special Events C) \$ _____

Total Amount Raised (B+C = D) D) \$ _____

Per Capita Giving (D divided by A = E) E) \$ _____

of DONORS _____ : # of CARE SHARE _____

of FAIR SHARE _____

of FAIR SHARE PLUS _____

Total Employee Pledges This Report \$

• Amount In Payroll Deduction \$ _____

• Amount In Cash/Checks \$ _____

• Amount To Be Billed \$ _____

Schedule of Payment for Payroll Deductions Monthly Quarterly Other __________
Company Campaign Coordinator Signature Date:**THANK YOU FOR SUPPORTING YOUR UNITED WAY!****A COPY OF THE LICENSE TO SOLICIT CHARITABLE CONTRIBUTIONS AS A CHARITABLE ORGANIZATION OR SPONSOR AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DEPARTMENT OF HUMAN RESOURCES, SOLICITATION LICENSING BRANCH BY CALLING (919) 733-4510. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.****Please help us communicate with the appropriate people in your organization by completing the following information. As always, THANKS for your support of United Way!**

* Acctg. Contact: _____ Phone: _____

Acctg. Address: _____ Zip: _____

Acctg. E-mail: _____ Fax: _____

* Campaign Contact _____ Phone: _____

Mailing Address _____ Zip: _____

Campaign E-mail: _____ Fax: _____

For your tax purposes, no goods or services of substantial value are provided by United Way in return for this contribution.