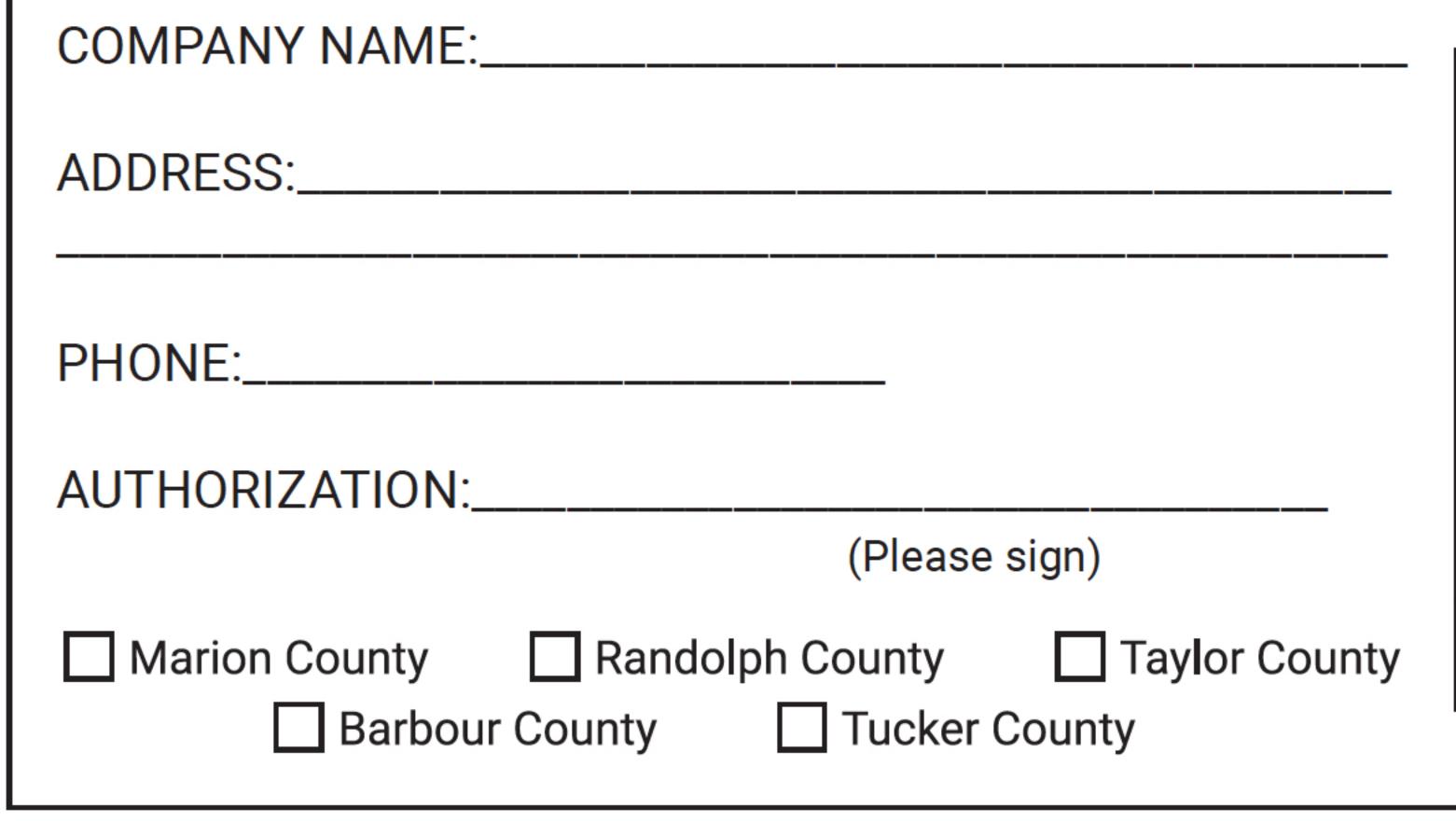
CORPORATE PLEDGE







Our contribution will be paid:
☐ Check (Payable to United Way) Check #:
☐ Billed One Time ☐ Billed Quarterly
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Name on Card:
Card Number: Exp:
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