

CORPORATE GIFT

Company/Organization _____

Telephone # _____

Address _____

Signature _____ Date _____

\$ _____
Total Gift

\$ _____
Paid Now

\$ _____
Balance Due

Please use this contribution in: Caldwell Todd
 Christian Trigg

Please Bill (Check One)
 Monthly Quarterly
 Semi-Annual Other _____



***United Way of
the Pennyrile***

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