

Corporate Pledge Form

215 W. 6th St. | Dubuque, Iowa 52001
563.588.1415 | DBQUnitedWay.org



United Way of Dubuque
Area Tri-States

1. Business Information

United Way respects the privacy of our donors & does not disclose personal information to third parties.

Company: _____
(for recognition and mailing purposes)

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

2. Contact Information

President/CEO/Local Plant or Branch Manager:

Email: _____

Phone: (_____) _____ ext. _____

5. More Information

- We would like more information on local sponsorship opportunities.
- We would like more information about individual/group volunteer opportunities.
- We would like occasional updates on the impact of our gifts.

3. Donation Information

CHECK (Enclosed, payable to United Way of Dubuque Area Tri-States)

Total Enclosed: \$

INVOICE ME (Minimum gift of \$100)

One-time Twice Annually Quarterly

Bill beginning (mm/yy): ___/___

Total Pledged: \$

4. Designation (Optional)

Choose all that apply. Gifts that are not designated are used in the area of greatest community need.

DESIGNATION AREAS (Minimum gift of \$50 required.)

Area of Greatest Need

Health

We believe our community deserves to be healthy and strong.

Education

We believe every child deserves a good education.

Income

We believe every citizen deserves to feel financially stable.

- We would like to be notified regarding volunteer openings on your Investment Panel and Campaign Cabinet.