

## Corporate/Business Community Investment Gift

**This gift helps meet local need 365 days a year.**

For year round information please provide email address: \_\_\_\_\_

Our Gift will be \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Preferred Method of Payment (Check One)

Check # \_\_\_\_\_ is enclosed       Bill me - Send Reminder Once/Monthly/Quarterly starting \_\_\_\_\_

Please bill my credit card    One Time    Monthly    Quarterly (circle one)   *Visa   MasterCard   Am. Express*

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_



**United Way**  
of Northern New York, Inc.



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