

## Corporate/Business Community Investment Gift

Name of Business: \_\_\_\_\_

Our Gift will be \$ \_\_\_\_\_ Date: \_\_\_\_\_

To receive year round information please provide your email address: \_\_\_\_\_

**Preferred Method of Payment (chosed one):**

Check # \_\_\_\_\_ is enclosed Bill me (circle one) Once Monthly Quarterly starting \_\_\_\_\_

Please bill my credit card (circle one): One Time Monthly Quarterly

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

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

*"We all live better when we all give together."*



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

200 Washington Street, Suite 402A  
Watertown, New York 13601-3307  
www.unitedway-nny.org



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