

SALINA AREA UNITED WAY

CAMPAIGN BUSINESS PLEDGE FORM

BUSINESS INFORMATION

Company Name

Company Contact & Title

Address

City, State, Zip

Phone Number

E-Mail

2024-2025 BUSINESS CONTRIBUTION/PLEDGE FORM

GIFT ENCLOSED

Amount: \$ _____

Enclose check payable to:

Salina Area United Way
113 N 7th St. Suite 201
Salina, KS 67401

PLEASE BILL ME

Total Pledge: \$ _____

Amount Enclosed: \$ _____

Bill as follows:

Monthly beginning: _____

Quarterly beginning: _____

Semiannually beginning _____

One time beginning _____

(All billings are on the FIRST of the month)

