

LIVE UNITED



**United Way
of Marathon County**

Corporate Pledge Information

Business Name: _____

CEO/Manager Name: _____

Total Pledge \$ _____

Paid Now \$ _____

Signature

Balance Due \$ _____

Bill Me:

_____ Once on _____
_____ Quarterly: Jan/April/July/Oct
_____ Monthly

LIVE UNITED



**United Way
of Marathon County**
UnitedWayMC.org

Thank you for your support.

Learn more at www.UnitedWayMC.org

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