

## Corporate Gift Information

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

Total Gift \$ \_\_\_\_\_

Check Enclosed

Check # \_\_\_\_\_

ACH (attach voided check)

Bill Us at: \_\_\_\_\_

Send Bill Attn: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorized by (printed name): \_\_\_\_\_ Date: \_\_\_\_\_

Select Frequency of Payment

Quarterly

Monthly

One time in \_\_\_\_\_

**United  
Way**



**United Way  
of Marathon County**

705 S. 24th Avenue  
Suite 400B  
Wausau, WI 54401  
715-848-2927

**Thank you for your support.**