



Orange County  
United Way

## 2009/2010 Corporate Contribution Form

Name of Corporation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We care ~ our corporate contribution is: \$ \_\_\_\_\_

To be paid (please indicate by selecting one of the following choices):

**1) Payment enclosed**

(Check # & Amount Enclosed) \_\_\_\_\_

**2) Please Bill**

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

On the following date \_\_\_\_\_

Signature/Authorization \_\_\_\_\_

Name (please print clearly) \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for visibly supporting the community  
in which you do business!**

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No goods or services have been given in return for this contribution