

WE ARE COMMITTED TO FIGHTING POVERTY IN OUR COMMUNITY



Heart of West Michigan
United Way

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| | |
|--|--|

Organization

CEO Name

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Company Address

City

State

Zip

TOTAL ANNUAL GIFT

\$

Gift paid by: Corporation Foundation

PAYMENT SCHEDULE:

| \$ | | | \$ |
|------------------------|---------------------|-------------------|--------------------|
| <i>Amount Enclosed</i> | <i>Check Number</i> | <i>Check Date</i> | <i>Balance Due</i> |

Please bill us for the balance due: Quarterly beginning in January Annually

SEND STATEMENT

| | |
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| | |
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To the attention of (Full name)

Title

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Address (if different from above)

City/State

Zip

| | |
|--|--|
| | |
|--|--|

Phone

Email

ELECTRONIC FUNDS TRANSFER

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| |
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Institution name

| | |
|--|--|
| | |
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Contact Name

Phone

AUTHORIZED SIGNATURE:

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No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. Consult your tax advisor for more information.

INTERNAL USE ONLY

Account number

Account Manager signature

Date

2023-24 Corporate