

2009 CORPORATE CONTRIBUTION PLEDGE FORM
(Please return to Salina Area United Way with your employee pledges.)

Company

CEO

Internal Coordinator

Address

City / State / Zip Code

Telephone Number

E-mail Address



Salina Area United Way

Gift Enclosed

Amount \$ _____ (Make checks payable to Salina Area United Way)

Please Bill Me

Total Pledge \$ _____ Amount Enclosed \$ _____

Bill as follows: (All billings are on the FIRST of the month.)

One time beginning _____ Semiannually beginning _____

Quarterly beginning _____ Monthly beginning _____

Signature _____ Date _____

Community Leaders Program

The Community Leaders Program recognizes through annual awards the leadership of business and industry and their investment in the quality of life for our community.

Giving Levels

Platinum	Gold	Silver	Bronze
\$15,000 or more	\$7,500 to \$14,999	\$3,000 to \$7,499	\$1,000 to \$2,999