



## CORPORATE CONTRIBUTION FORM

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Organization name: \_\_\_\_\_

Our corporate contribution will be: \$ \_\_\_\_\_

**Please tell us a little more about how you decide on your corporate gift amount.**

- We match our employees' contributions at a ratio of \_\_\_\_ : \_\_\_\_
- The generosity of our employees is considered, along with other factors
- We give the same amount each year

**Our corporate gift will be disbursed as follows:**

- We will send the corporate gift to United Way of Anchorage.
- We will send the corporate gift to United Way of Anchorage, and ask that United Way will further distribute corporate gifts to United Ways throughout Alaska.
- We will disburse the corporate gift directly to the appropriate United Ways throughout Alaska.
- Other \_\_\_\_\_

**Our corporate contribution will be sent to United Way of Anchorage by: Check or Direct Deposit (please circle)**

- Payment is included
- One-time payment will be made on (or about) this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Monthly starting on (or about) this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Quarterly starting on (or about) this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Other \_\_\_\_\_

**You have the option to receive a reminder about the corporate contribution, please send:**

- Invoice starting on or about this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Statement of account for any outstanding balances
- No invoicing needed

**Special instructions or designations for this corporate gift:**

\_\_\_\_\_

**Contact person for questions regarding your company's corporate contribution:**

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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