



United Way of Anchorage

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: _____

United Way of Anchorage
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