

IN YOUR BUSINESS, YOU EXPECT QUANTIFIABLE RETURNS. SO DOES UNITED WAY.

Our company will support the United Way of the Quad Cities strategic investments in education, income and health with a contribution of

\$

Check enclosed made payable to United Way of the Quad Cities.

Please charge my credit card for \$ _____ We accept Mastercard, Visa, Discover and American Express. My card number _____ Exp. Date ____/____

Once Monthly Quarterly Semi-Annually Starting on _____ (MM/YY)

Please bill us: Once Monthly Quarterly Semi-Annually Starting on _____ (MM/YY)

_____ MR MRS MS DR _____
 BUSINESS NAME Circle one CONTACT'S FIRST NAME LAST NAME

_____ CITY STATE ZIP

_____ BUSINESS PHONE

PREFERRED EMAIL ADDRESS*
 *By providing an email address, you consent to receive communications from United Way.

Thank you for your contribution! ▶ Signature _____ Date _____



United Way
of the Quad Cities