

Corporate Investment



Company Name

Contact Name

Address

City, State, Zip

Total Investment: \$

Payment Method

- Payment Enclosed
- Bill Me Directly
 - Once ____ / ____
 - Quarterly (Jan / Apr / Jul / Oct)
- Credit Card: Visa MasterCard Discover
 - Once
 - Monthly
 - Quarterly (Jan / Apr / Jul / Oct)

Card Number

Expiration Date

Billing Address (if different than above)

- Online (Pay by credit card at: www.gruw.org/give)

Authorized Signature

Signature

Today's Date

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NO GOODS OR SERVICES WERE RECEIVED FOR THIS GIFT