



UNITED WAY OF FLORENCE COUNTY CORPORATE PLEDGE

Serving Florence, Johnsonville, Timmonsville,
Pamplico, Olanta, and Lake City

CORPORATE NAME: _____

DATE: _____

ADDRESS: _____

Account # _____

CITY: _____ STATE: _____ ZIP: _____

\$ _____

TOTAL PLEDGE

\$ _____

PAID NOW

\$ _____

BALANCE DUE

**THANK YOU FOR
YOUR SUPPORT**

PLEASE BILL BALANCE DUE

- Monthly Semi Annually
- Quarterly Annually Beginning __/__/__

OR

COMPANY WILL REMIT BALANCE DUE

- Monthly Semi Annually
- Quarterly Annually Beginning __/__/__

Authorized Signature: _____

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