



LIVEUNITEDANC.ORG

## 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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