



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 \_\_\_\_\_

Special instructions or designations for this corporate gift: \_\_\_\_\_

Our corporate contribution will be sent to United Way of Anchorage

- 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 \_\_\_\_\_

Please send:

- Invoice starting on or about this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Statement of account for any outstanding balances

Contact person for questions regarding your company's corporate contribution:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

United Way of Anchorage  
Attn: Workplace Campaign  
701 W 8<sup>th</sup> Ave, Suite 230  
Anchorage, AK 99501  
[chgadmin@ak.org](mailto:chgadmin@ak.org)  
907-263-3815