



Company Name:	
Head of Organization:	Email:
Contact Person:(if different from above)	Email:
Start Date:	
How We Plan to Fulfill Our Pledge:	
	000 twice a year
O Combination of employee donations, specia	al events and corporate match
O Portion/percentage of sales from product o O Other:	
O United Way may publicly recognize us as a Print our name as:	<u> </u>
Authorized by:	

United Way serving Saint John, Kings & Charlotte

506.658.1214| wendy@unitedwaysaintjohn.com | www.unitedwaysaintjohn.com | Charitable #11927-8190 RR0001