

Corporate Gift Commitment Form



COMPANY INFORMATION

Company Name: _____

Company Billing Address: _____

Company Contact: _____

Phone: _____

Email: _____

TOTAL CORPORATE CONTRIBUTION



PAYMENT OPTIONS

Payment Enclosed

OR

Bill Me
(Choose a bill frequency and payment type to the right)

Bill Frequency:

Monthly

Quarterly

Twice a year

Once a year

Begin Billing: _____
(MM/YY)

We plan to pay via:

Check

Electronic Funds (EFT)
(contact Kenya Jones at 706-922-8927 to confirm details)

Credit Card
(visit uwcsra.org to make a secured online payment)

Authorized Signature: _____

Date: _____