

CEO Name _____

Company Name _____

Address _____

City/St/Zip _____

Phone _____ E-mail _____

United Way
of Androscoggin County
66 Ash Street
PO Box 888
Lewiston, ME 04243-0888



Phone (207) 795-4000 • Fax (207) 795-6100 • www.unitedwayandro.org

Date: ____/____/____

Total Pledge \$_____ to be paid by:

Check: I am enclosing my total gift of \$_____.

Cash: I am enclosing my total gift of \$_____.

Credit Card:    (Circle one)

_____/_____
Card No. _____ Exp. Date _____

Signature: _____

Please Bill Me:

Quarterly Other (specify) _____

Give On-Line at www.unitedwayandro.org!

TOP COPY—DONOR

BOTTOM COPY—UNITED WAY