

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) _____

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TOP COPY—DONOR

BOTTOM COPY—UNITED WAY