

Please ensure that your gift is processed correctly by printing legibly on this donor card and using a #2 pencil or blue or black ink pen. For the number zero use 0.

The Value of Corporate Philanthropy

Corporate philanthropy is an important component of a corporation's broader social responsibility and provides a humanitarian balance to the bottom line. This commitment to caring enriches a corporate image and is a common denominator that links a business to its customers, stakeholders and industry peers.

How Corporate Philanthropy Helps You

Consumers tell us that good corporate citizenship is a critical point of difference. Many companies with well-defined corporate philanthropy practices have seen the following contributions to their business:

- increased customer loyalty
- increased profit margin
- increased public visibility
- improved employee morale

For over 94 years, United Way has been partnering with companies to achieve their corporate philanthropy objectives. Making a contribution to United Way of Central Massachusetts is a sound investment in your community.

Your gift allows us to focus on what we do best — the careful assessment of people's needs and the mobilization of local support to effectively tackle these issues and ensure the long-term viability of our community.

1. PLEASE COMPLETE THE INFORMATION BELOW

This person will be receiving all receipts and statements concerning this donation.

| | |
|---------|-------|
| Name | Title |
| Address | Phone |
| Email | |

2. INDICATE TOTAL CORPORATE GIFT AMOUNT IN THE SPACE PROVIDED BELOW

United Way does not provide any goods or services to contributors as whole or partial consideration for any gift.

TOTAL GIFT = \$.

PAYMENT .

BALANCE .

3. SELECT THE MOST CONVENIENT METHOD OF PAYMENT BELOW

I have selected the following payment method:

- CHECK ENCLOSED (please make check payable to United Way of Central Massachusetts)
- SEND STATEMENT

CREDIT CARD (mark one) VISA MASTERCARD DISCOVER AMEX

CARD #

EXPIRATION DATE (MM/YY)

Please specify: ONE-TIME CREDIT CARD PAYMENT **-OR-** IN EQUAL PAYMENTS FOR

OF MONTHS BEGINNING MONTH*

* This authorization may be cancelled at any time by notifying UWCM.

4. PLEASE SIGN AND DATE

thank you!



AUTHORIZED SIGNATURE

DATE (MONTH-DAY-YEAR)