

**United
Way**



United Way of the Ohio Valley

UNITED WAY OFFICE USE ONLY

Env # _____

Date _____

Ck # _____

CORPORATE GIFT

TOTAL GIFT

PAID NOW

BALANCE DUE

\$

\$

\$

Authorized Signature

Date

Please **Invoice** balance due:

Monthly

Quarterly

Annually

OR

Do Not Bill

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