

YES! I want to help locally

United Way of Montgomery,
Radford & Floyd



Contact _____
Company _____
Address _____

Prior Year's Gift \$ _____

P.O. Box 6202
Christiansburg, VA 24068
540.381.2066
info@unitedwaynrv.org
www.unitedwaynrv.org

Payment Method (effective calendar year 2011)

■ I am interested in
*developing a workplace
campaign at our company and
would like more information
about how an employee
campaign helps.*

Check Enclosed

Please invoice us:

- Quarterly
- Other _____

Credit Card Amount: \$ _____

___ Monthly ___ Quarterly

___ One time payment on (date) ___/___/___

___ Visa ___ Mastercard Expiration Date ___/___

Card # _____

Thank you for your generous community investment!

Signature: _____

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