

# Corporate Gift Commitment Form



## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## TOTAL CORPORATE CONTRIBUTION



## PAYMENT OPTIONS

Payment Enclosed

**OR**

Bill Me  
*(Choose a bill frequency and payment type to the right)*

Bill Frequency:

Monthly

Quarterly

Twice a year

Once a year

Begin Billing: \_\_\_\_\_  
*(MM/YY)*

We plan to pay via:

Check

Electronic Funds (EFT)  
*(contact Kenya Jones at 706-922-8927 to confirm details)*

Credit Card  
*(visit uwcsra.org to make a secured online payment)*

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_