

Small Business 365 Registration Form 2016-2017



Company/Business Information:

Business Name:

Contact Name:

Mailing Address:

Phone:
Email:

Payment:

Total Due \$365.00

Pay in Full by check

Pay in Full by Credit Card

Pay Quarterly by check (\$91.25)
January 1, April 1, July 1, October 1

Pay Quarterly by Credit Card (\$91.25)
January 1, April 1, July 1, October 1

- Credit Card Number: _____
- Expiration Date: ____ / ____
- Signature: _____

Submit your company logo to: tyoke@unitedwayhcv.org

Return in the enclosed envelope to:

United Way of Harrison County
PO Box 2452
Clarksburg, WV 26302

United Way
of Harrison County, Inc.

