

**EAST CENTRAL
MINNESOTA
WORKFORCE
PARTNERSHIP**

Pledge Form

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Date:** _____

Pledge: Year

2001-2002 \$ _____

2002-2003 \$ _____

Total 2 year Pledge: \$ _____

Amount Paid: \$ _____

Payable to: East Central MN Workforce Partnership
 Attn: Ray Hoheisel, Executive Director
 138 SW 20th Avenue.
 Cambridge, MN 55008-2510

Balance Due: \$ _____ **(Invoiced by ECMWF)**

Signature: _____