



# WORKPLACE PLEDGE FORM

## Your Information

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Company:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Preferred Donation Method

- Payroll deduction
- Check
- Cash
- Credit/Debit Card

## Payroll Deduction

- \$5
- \$10
- \$20
- \$25
- \$50
- Other Amount: \_\_\_\_\_

## Frequency of Deduction

- One Time
- 12 Pay Periods
- 24 Pay Periods
- 26 Pay Periods
- 52 Pay Periods
- Other: \_\_\_\_\_

## Total Donation Amount:

\$ \_\_\_\_\_

## Invest My Donation In:

- All Programs
- Education Fund
- Financial Stability Fund
- Health Fund
- Another United Way

Please specify your United Way:

\_\_\_\_\_

My signature below confirms my payroll deduction request as stated above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date