

UNITED WAY PLEDGE FORM



| Please complete all fields in this section. DATE | |
|---|---|
| First Name | |
| Last Name | |
| Home Address | |
| City State ZIP | |
| Home Phone | |
| E-mail Address | |
| Employee ID# | |
| Signature | |
| AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. | |
| DONATION PAYMENT OPTIONS (choose ONLY ONE) | |
| Payroll Deduction Amount per Pay Period Enter whole dollar amount only. | |
| One-Time Donation | |
| Total One-time | Gift Smake check payable to United Way. No cash, please. |
| I prefer my gift remains anonymous. I would like to designate my gift to go to | |
| When complete, please save a copy of the form for your records. Then, simply click "SUBMIT" and your form will automatically be sent to Michele Edwards in the Fiscal Department at the Central Office. | |

LIVE UNITED **THANK YOU** for your contribution through the United Way campaign. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your records. Refer to your pay stub for verification of amount withheld through payroll deduction (if applicable). Consult a member of the Fiscal Department for any discrepancies in deduction(s).