



UNITED WAY 2021-22 CURRENT DONOR PLEDGE FORM



Please complete all fields in this section.

DATE

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Home Address	<input type="text"/>		
City State ZIP	<input type="text"/>		
Home Phone	<input type="text"/>		
E-mail Address	<input type="text"/>	@capna.org	
Employee ID#	<input type="text"/>	Supervisor	
Signature	<input type="text"/>		
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 Do not complete the one-time payment option if selecting Payroll Deduction. If accepting the 10% Donor Challenge, enter your current payroll deduction information and check the YES! box. The 10% Donor Challenge fields will auto-calculate.

Payroll Deduction	2021-22 Pay Periods/Year	2021-22 Donation
2021-22 Amount per Pay Period	<input type="text"/> \$.00 Enter whole dollar amount only.	<input type="text"/> \$

10% Donor Challenge *Yes! I am accepting the 10% challenge and would like to increase my donation to:*

Increase	Increase Amt	2021-22 Challenge PP Amt	2021-22 PP/year
	\$	\$	
for a total Challenge pledge of \$			per year

I prefer to make a one-time gift of \$ <input type="text"/>	I would like to designate my gift for <input type="text"/>
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To submit, simply click "SUBMIT" button to open a new email window. If the SUBMIT does not work for your system, email your completed form to uw@capna.org. Please retain a copy for your records.



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).