



# UNITED WAY 2021-22 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	
<b>Signature</b>	<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 (choose **ONLY ONE**)

<b>Payroll Deduction</b>	Pay Periods per year:	Total Donation
Amount per Pay Period	<input type="text"/> \$ <input type="text"/> .00 Enter whole dollar amount only.	\$ <input type="text"/>

**One-Time Donation** *Make check payable to **United Way**. No cash, please.*

Total One-time Gift  \$

<input type="checkbox"/> I prefer my gift remains anonymous.	I would like to designate my gift to go to <input type="text"/>
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To submit, simply click "SUBMIT" button to open a new email window. Your form will automatically be routed to the Fiscal Department at the Central Office. Please include your own email in the recipient list to receive a copy.



**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).