



Pledge Summary Sheet

Please list below all contributions including payroll deductions, cash pledges and those pledges to be paid directly to the United Way by the contributor.

PLEASE RETURN A COPY OF THIS REPORT, ALONG WITH YOUR CAMPAIGN ENVELOPE AND TOP COPY OF EMPLOYEE PLEDGE FORMS. (PLEASE DO NOT INCLUDE CONTRIBUTIONS PREVIOUSLY REPORTED.)

Firm _____ Name & Position of Person Handling _____
 Address _____ Payroll Deductions _____
 P.O. Box _____ Phone No. _____ Payroll Deductions Begin _____ 20____
 Total No. Employed by Firm _____ Division _____ Remitted Monthly _____ Quarterly _____
 Total No. of Contributions _____

(IF POSSIBLE, PLEASE TYPE)

NAME OF CONTRIBUTOR	TOTAL AMOUNT PLEDGED	CASH PAID NOW	BALANCE TO BE COLLECTED BY:		FOR OFFICE USE ONLY:	
			PAYROLL DEDUCTION BY EMPLOYER	DIRECT BILLING BY UNITED WAY	ADDRESS	REMIT: A _____ S.A _____ Q. & M. _____
BUSINESS PLEDGE						
1.						
EMPLOYEES' PLEDGES						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
TOTAL						

"Thank You for Caring"