



STEP 1 CONTACT INFORMATION

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT NAME _____

PHONE NUMBER Cell Work EMAIL ADDRESS Personal Work

STEP 2 WORKPLACE CAMPAIGN TOTALS

Type of Contribution	Number of Gifts	Total Pledge Amount	Payment Enclosed	Amount Due
Payroll Deductions				
Cash				
Checks				
Credit Cards				
Corporate Gift				
Special Event/Other				
GRAND TOTALS				

Date Payroll Deductions Begin: _____

Number of Pay Periods: _____

Date First Check will be Sent: _____

(Note: If there are multiple pay periods, please list the number of pay periods individually on the spreadsheet to verify their total donation through payroll.)

INCLUDE WITH PACKET WHEN RETURNED:

- Copy of your pledge spreadsheet (spreadsheet should include employee name, gift amount, and any gift designations)
- Copies of all pledge forms (or email copies to info@uwofsc.org.)
- All cash and check donations

SIGNATURE _____ DATE _____

STEP 3

ADDITIONAL INFORMATION (optional)

Please provide any additional notes or updates below.

THANK YOU FOR BEING A CHANGE-MAKER FOR OUR COMMUNITY!



**United Way of
Sheboygan County**

2020 Erie Avenue, Sheboygan, WI 53081
920.458.3425 | info@uwofsc.org
www.uwofsc.org

OFFICE USE

UWSC Contact _____ Date Received _____ Andar
 Campaign Dates _____ No. of Employees _____ Acknowledgement/Date _____
 Additional Campaign Packets? Yes or No Social Media Thank You Post? Yes or No
 Other Notes _____
