

Pledge to United Way for _____ (Employer Name)

Donor Name (First & Last): _____

Employee ID: _____ Phone Number: _____ Email Address: _____

Payroll Deductions:

\$ _____ X _____ = _____ Total Pledge Amount
amount # of pay periods

I want to designate part of my gift to a specific United Way approved partner agency. (\$25 minimum)

Direct Gift:

Agency Name: _____

\$ _____ Total Amount of Cash or Check (Make Checks payable to United Way of Scotland County)

Check here if you are giving your Fair Share (1 hour's pay each month or 1% of your yearly earnings)

Signature: _____ Date: _____

