



# UNITED WAY

## Greater High Point

### CUSTOMIZED PLEDGE FORM INFORMATION REQUEST SHEET

Company Name: \_\_\_\_\_

Employee Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Campaign Kick-Off: \_\_\_\_\_

Loaned Executive (LE): \_\_\_\_\_

#### Please check item(s) to be printed on pledge forms:

- |   |   |
|---|---|
| <input type="checkbox"/> Company Logo               | <input type="checkbox"/> Department Number          |
| <input type="checkbox"/> Employee First Name        | <input type="checkbox"/> Location/Cost Center Name  |
| <input type="checkbox"/> Employee Middle Name       | <input type="checkbox"/> Mail Drop Location         |
| <input type="checkbox"/> Employee Last Name         | <input type="checkbox"/> EC/Dept. Contact Name      |
| <input type="checkbox"/> Employee Work Phone Number | <input type="checkbox"/> Employee Home Address      |
| <input type="checkbox"/> Employee ID Number         | <input type="checkbox"/> Employee Home Phone Number |
| <input type="checkbox"/> Department Name            |   |

#### Special Items:

- |   |         |                             |
|---|---------|-----------------------------|
| <input type="checkbox"/> Caring Gift Amount           | % _____ | Sorting Instructions: _____ |
| <input type="checkbox"/> Caring Gift Plus Amount      | % _____ | _____                       |
| <input type="checkbox"/> Caring Gift Bi-Weekly Amount | % _____ | _____                       |
| <input type="checkbox"/> Pre-Filled Pay period        | # _____ | _____                       |

**Instructions:** Above requested information should be forwarded in an Excel spreadsheet format. Employee ID or another type of identifiable number is needed (*for U/W tracking purposes*). The file should be e-mailed directly to Sara Fowler @ [sara.fowler@unitedwayhp.org](mailto:sara.fowler@unitedwayhp.org) . If requesting Caring Gift amounts to be pre-printed on the pledge form, please provide the already calculated amount for each employee. (*United Way's standard for this is .6% of the yearly salary or 1 hours pay per month, if paid hourly*). A proof of the pledge card will be emailed for your approval; **please respond with corrections/additions or an "okay"** to proceed as quickly as possible. (*\*\*\*Only after the proof has been approved will the pledge forms be printed.*)

Date Forms Needed By: \_\_\_\_\_

*(A minimum 2-week timeframe is needed to complete customized pledge forms).*

Email [sara.fowler@unitedwayhp.org](mailto:sara.fowler@unitedwayhp.org) or fax (336-899-0871) this form to Sara Fowler.