

LIVE UNITED TM



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 . 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 or fax (336-899-0871) this form to Sara Fowler.