

2011 EMPLOYEE PLEDGES REPORT FORM

COMPANY/ORGANIZATION'S NAME _____ ID# _____

CHIEF EXECUTIVE: _____

ADDRESS: _____ ZIP _____

COMPANY COORDINATOR: _____

PHONE: _____ FAX _____

EMAIL: _____

OF EMPLOYEES (Full-Time Equivalent): _____ Total Amount Pledged _____

Per Capita: \$ _____ Cash & Checks Enclosed \$ _____

| | Name of Contributor | ID # <small>(UWIC use only)</small> | Address of Contributor <small>(Address only for Benefactors, Direct Bill, or Donor with Designations.)</small> | Total Amount Pledged | Benefactor | Fair Share | Amount for Payroll Deduction | Amount Enclosed Cash & Check | Check # <small>(UWIC use only)</small> | Check Date <small>(UWIC use only)</small> | Amount Paid By Credit Card | Amount To Be Billed | Agency Designation | Amount Designated |
|-------------------|---------------------|--|---|----------------------|------------|------------|------------------------------|------------------------------|---|--|-----------------------------------|---------------------|--------------------|-------------------|
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
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| 44 Totals: | | | | 0.00 | | | 0.00 | 0.00 | | | 0.00 | 0.00 | | 0.00 |