

Please list below All individual contributions, but do not include company gift here. Copy and return completed form in the Campaign Giving Report Envelope. Make as many copies necessary. Keep a copy for your records.

2010 EMPLOYEE PLEDGES REPORT FORM

(This form is available via e-mail upon request in Microsoft Word and Excel. If you would like to have one with last years donors listed just let us know.)

COMPANY/ORGANIZATION'S NAME: _____ ID# _____
 ADDRESS: _____ ZIP _____
 PHONE: _____ FAX _____
 # OF EMPLOYEES (Full-Time Equivalent): _____ Total Amount Pledged _____

CHIEF EXECUTIVE: _____
 COMPANY COORDINATOR: _____
 EMAIL: _____
 Per Capita:\$ _____ Cash & Checks Enclosed\$ _____

Benefactor Giving Levels: Please check all individuals who have contributed at one of the following leadership levels for membership in the United Way Benefactors Club.

| | | | | | |
|---------------|-------------------|-------------------|-------------------|-----------------|-----------------------|
| Bronze | Silver | Gold | Platinum | Diamond | Alexis de Tocqueville |
| \$750 - \$999 | \$1,000 - \$1,999 | \$2,000 - \$4,999 | \$5,000 - \$7,999 | \$8,000-\$9,999 | \$10,000 + |

We would appreciate your checking the Care Share, Fair Share, Fair Share Plus columns where applicable.

Agency Designations: When an employee designates to one or more agency it is important to list their complete address so the designated agency can acknowledge the gift.

| 1 | 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 | Care Share | Fair Share | Fair Share Plus | 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 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | |
| | Totals: | | | 0.00 | | | | | 0.00 | 0.00 | | | | 0.00 | | 0.00 |