



UNITED WAY
Northern Ozaukee

WORKPLACE PLEDGE FORM

Your Information

First Name:

Last Name:

Company:

Email Address:

Phone Number:

Home Address:

Preferred Donation Method

- ☐ Payroll deduction
- ☐ Check
- ☐ Cash
- ☐ Credit/Debit Card

Payroll Deduction

- ☐ \$5
- ☐ \$10
- ☐ \$20
- ☐ \$25
- ☐ \$50
- ☐ Other Amount: _____

Frequency of Deduction

- ☐ One Time
- ☐ 12 Pay Periods
- ☐ 24 Pay Periods
- ☐ 26 Pay Periods
- ☐ 52 Pay Periods
- ☐ Other: _____

Total Donation Amount:

\$_____

Invest My Donation In:

- ☐ All Programs
- ☐ Education Fund
- ☐ Financial Stability Fund
- ☐ Health Fund
- ☐ Resiliency Fund

Another United Way

Please specify your United Way:

My signature below confirms my payroll deduction request as stated above.

Signature

Today's Date