2019-2020 UnitedWay Campaign

PAYROLL DEDUCTION PLEDGES *

First Name	Last Name	Employee ID#	Street	City	ST	Zip	Donor Yearly Pledge	Company Match	Total Yearly Pledge	DesgAmt	Designated Agency	Recognition Name for Leadership
							$ -	$ -	$ -			
							$ -	$ -	$ -			
							$ -	$ -	$ -			