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Employee Pledge Report Form

Company Name

Locatio	on Address							
City		Zip Code			State			
Contact Name				Title				
	(Company Representative Authorizing	this Report - P	lease Print)					
Signatu	ire			Date				
Please	have United Way send a reminder notice wh	nen payment is	due: \square M	onthly 🔲 Q	uarterly 🗌 or	as follow:		
	ŀ	Page	of	Pages				
	Complete additional p							
www.liveunitedclarksville.org * www.liveunitedhouston.org						Direct Billing One-Time Gifts		
No.	(Last Name, First Name)	(No. of Pay Periods)			Pledges	Paid Now		
		A. Each Pay Period	B. No. of Pay Periods	B. Total for Year	C. Total for Year	D. Check Amount	E. Cash Amount	
Totals (carried forward from previous page, if any:							
Column	Totals Carried Forward:							
OR - Total Pledges and Gifts: (combined totals from B+C+D+E)								

Department / School