



**UNITED WAY**  
Florence County

# CAMPAIGN PLEDGE FORM

Date: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Instructions (optional):

## PAYROLL DEDUCTION

☐ I wish to pledge a LOVE SHARE  
(one hour's pay per month)

☐ I wish to have the following amount deducted per  
pay period: \$ \_\_\_\_\_

☐ I want my pledge to be in effect for future campaigns

Total Annual Pledge (for payroll dept. only): \$ \_\_\_\_\_

## ONE-TIME DONATION

**TOTAL: \$** \_\_\_\_\_

**GIVE  
NOW**



## Payment Method

- ☐ Cash  
☐ Check  
☐ Card (QR code or uwflorence.org)