



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 uwflorenceday.org)