



CHARITABLE GIVING

campaign



Full Name: _____ Recognition Name(s): _____

Company Name: _____ Dept: _____ Employee ID#: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

MY PLEDGE

Step 1 - How do you wish to contribute? You can choose from the following options:

Payroll Deduction Contribution

\$ _____ per pay period
Amount

X _____ # of annual pay periods

\$ _____ total annual contribution

Signature

Date

Credit Card Payment Contribution

____ American Express ____ Discover Card
____ Mastercard ____ Visa

\$ _____
Total Amount

Credit Card #

Expiration Date

Name on Card

Signature

Date

One Time Contribution

\$ _____
Amount

Make check or money order payable directly to:

\$ _____ United Way of Salt Lake

\$ _____ Community Shares/Utah

\$ _____ Community Health Charities Utah

\$ _____ Total

Step 2 - If you would like your contribution, or part of your contribution, to go to a specific charitable federation or agency you may designate below. Refer to your booklet for individual agency names.

United Way of Salt Lake

\$ _____

Community Shares/Utah

\$ _____

Community Health Charities Utah

\$ _____

Specify Charity Designation

Agency Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____