

ePLEDGE FORM

Below is information needed to build your ePledge site. Please return to your United Way account manager eight weeks before your campaign. Keep a copy for your records.

Company Name: _____

CAMPAIGN DETAILS

Campaign Kickoff Date: _____ Campaign End Date: _____

Payroll Deduction Start Date: _____ Campaign Goal: _____

Total Number of Employees: _____

If your campaign includes locations branches, please attach a list of each with address.

I.T. CONTACT INFORMATION

Please provide contact information with your I.T. Contact so that we can ensure e-pledge is properly set up to work with your systems.

Name: _____ Title: _____

Phone: _____ Email: _____

ACCESS LEVELS

Indicate who on your team will be administrators (full authority and access) and who are coordinators (limited authority and access):

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Attach a list with additional team members, if needed.

PLEDGE TYPE OPTION

Choose from the following pledge type options:

- Payroll deduction
- Bill me
- Credit or Debit Card (Pay Now)
- Credit or Debit Card (Pay Later) *Donor will be charged based on schedule selected by the donor - one time later date, monthly, quarterly*
- Cash or Check *Please provide instructions of the person/place funds should be delivered to: _____*
- I choose not to pledge at this time. *By selecting this option, the donor will be coded as a respondent and excluded from future email reminders.*

PLEDGE AMOUNT OPTIONS

Designations

Offering designations allows donors to designate to the United Way Community Fund, one of United Way's focus areas (education, income health), a United Way initiative or specific local nonprofit human service agency.

- Yes. We are offering designations. Include the checkbox.
- No. We are not offering designations. Do not include the checkbox.

NOTES: