## 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 b	oranches, please attach a list of each with address.
I T CONTACT INFORMATION	
I.T. CONTACT INFORMATION	
Please provide contact information with properly set up to work with your system	your I.T. Contact so that we can ensure e-pledge is s.
Name:	Title:
Phone:	Email:
ACCESS LEVELS	
	istrators (full authority and access) and who are
coordinators (limited authority and acces	
Name:	Title:
Email:	☐ Administrator ☐ Coordinator
Name:	Title:
Email:	
Name:	Title:
Email:	☐ Administrator ☐ Coordinator
Attach a list with additional team member	s, if needed.





## **PLEDGE TYPE OPTION**

Choc	ose from the following pledge type options:
	Payroll deduction
	Bill me
	Credit or Debit Card (Pay Now)
	<b>Credit or Debit Card (Pay Later)</b> 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.
	AMOUNT OPTIONS
	ry Calculator
	Yes, include the calculator.
	No, do not include the calculator.
Desi	gnations
Unite	ring designations allows donors to designate to the United Way Community Fund, one of ed Way's focus areas (education, income health), a United Way initiative or specific local profit human service agency.
	Yes. We are offering designations. Include the checkbox.
	No. We are not offering designations. Do not include the checkbox.
NOTES:	



