

**United Way of Tuscarawas County, Inc.**



1458 Fifth Street NW, PO Box 525  
 New Philadelphia, Ohio 44663  
 (330) 343-7772  
 uwtc@neohio.twcbc.com  
 www.tuscunitedway.org

Division # _____
Company Name _____
Company Address _____
Company Phone # _____
Company Contact _____

**PLEDGE ENVELOPE FOR THE UNITED WAY FALL 20\_\_ CAMPAIGN**

Preparer's Name \_\_\_\_\_  
 (Please Print)

Title \_\_\_\_\_

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Current # of Full-Time Employees \_\_\_\_\_

Current # of Part-Time Employees \_\_\_\_\_

Date \_\_\_\_\_

UNITED WAY USE ONLY	
Date In: _____	Volunteer Initials _____
Date Posted: _____	Staff Initials _____
Date Audited _____	Audit Initials _____

Please contact your United Way Volunteer \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_-\_\_\_\_ as soon as your envelope is completed and he or she will make arrangements to pick it up. You may also contact the United Way office at (330) 343-7772.

EMPLOYEE DONATIONS	# of Employees Contributing	Total Amount Pledged	Amount Enclosed	Balance Due
<b>CASH/CHECK DONATIONS PAID IN FULL</b> (Enclose UW copy of pledge cards & payments)				
<b>CREDIT CARD PLEDGE</b> (Enclose UW copy of pledge cards)				
<b>PAYROLL DEDUCTION PLEDGES</b> (Enclose UW copy of pledge cards & any initial payments)				
<b>DIRECT BILLING PLEDGES</b> (Enclose UW copy of pledge cards & any initial payments)				
<b>A. TOTAL ALL EMPLOYEE DONATIONS</b>				

Billing instructions for payroll deduction pledges: \_\_\_\_\_Quarterly \_\_\_\_\_Semi-Annually \_\_\_\_\_Annually

<b>B. CORPORATE DONATION</b>				
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<b>C. OTHER</b> _____				
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Billing instructions for corporate donation or individual gifts: \_\_\_\_\_Quarterly \_\_\_\_\_Semi-Annually \_\_\_\_\_Annually

<b>D. GRAND TOTAL</b> (Total Line A + B + C)				
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UNITED WAY USE ONLY				
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