

# Workplace Pledge Summary Form

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

# of Employees \_\_\_\_\_ # of Donors \_\_\_\_\_

Pay periods per year \_\_\_\_\_

Expected date of First payment \_\_\_\_/\_\_\_\_/\_\_\_\_

Payments to be made:

Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_

\*Please return this summary form and one copy of each employee pledge

\* It is helpful to send a list of employees names with payment

\* We will send a Thank You acknowledgement to each employee for which we receive an address



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