Firm Name: ______________________________________________________

Employees:  FT: ________      PT: ________     Other: ________  Total: ________

Mailing Address: _________________________________________________
___________________________________________________________________

President, Owner
CEO, or Other:  ____________________________________________________

PAYMENT INFORMATION
Contact Name/Title: ______________________________________________

Phone: _______________ Email: _______________________

Date of first payment: _____________  Number of payments: _________

Frequency of payments (Circle):
  Weekly        Bi-Weekly        Monthly        Quarterly        Other: _______________

☐ Send a payment reminder to the contact listed above

PLEASE DO NOT INCLUDE RESULTS FROM ANY OTHER REPORT :  This is a:  ☐ Partial Report  ☐ Final Report

EMPLOYEE CONTRIBUTIONS  -  PLEASE DO NOT INCLUDE CORPORATE GIFT IN FIGURES BELOW

<table>
<thead>
<tr>
<th>Corporate Contribution</th>
<th>OR</th>
<th>Corporate Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYMENT INFORMATION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Contribution Enclosed</td>
<td></td>
<td></td>
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<tr>
<td>☐ Bill Firm: ☐ Semi-Annnually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Quarterly</td>
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</tbody>
</table>

UNITED WAY RECOGNITION: ☐ REMAIN ANONYMOUS
Email Receipt (Circle):  Yes  ☐ No  (If yes, list email address below)

If Gift should be recognized differently than Firm Name, list here:

VIRTUAL PLATFORM USERS

If you are using our virtual platform (powered by MobileCause), you will not have physical pledge forms for most of your colleagues, if any. We will send you a spreadsheet to complete this section.

Any physical pledge forms, checks, or cash that you receive, please include them in the envelope.

Check/Cash Fully Paid
Payroll Deduction
To be Billed by United Way
Credit Card Payment
Total Employee Contribution

EMPLOYEE CAMPAIGN COORDINATOR INFORMATION

Name: __________________________________________________ Email: _______________________
Title: ___________________________________________ Phone: _________________________

UNITED WAY OF CAYUGA COUNTY | 2 STATE ST., SUITE 2, AUBURN, NY 13021 | (P) 315.253.9741 | (F) 315.255.0119 | www.unitedwayofcayugacounty.org