Electronic Workplace Campaigns CASH AND CHECK PAYMENTS FORM



COMPANY NAME:	
YOUR NAME:	
DATE:	

Before completing this form, please ensure each payment listed below matches a pleage that is recorded in your company's campaign portal. Enclose this completed form inside the " Electronic Workplace Campaigns - PAYMENT ENVELOPE" and submit to your United Way representative.

	Employee Name	Employee ID	Pledge Amount \$	Payment Type (Cash or Check)	Payment Amount \$
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