



**State Employees' Charitable Campaign**

**PLEDGE FORM  
REPORT ENVELOPE**

(Maximum 15 Forms Per Envelope)

**FOR CAMPAIGN ADMINISTRATORS  
USE ONLY**

Pick Up/Drop Off: \_\_\_\_/\_\_\_\_/2023

UWD Representative: \_\_\_\_\_

UWD Andar Number: \_\_\_\_\_

**PLEASE COMPLETE:**

Department: \_\_\_\_\_

DDS (Department-Division-Section) Code: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Name of Captain: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email of Captain: \_\_\_\_\_

**Please complete for ENCLOSED paper pledges ONLY. Do not include ePledge donations or special events.**

Pledge Summary	# of Donors	Total Contributions	Payment Enclosed in this Envelope
<b>Payroll Deduction</b>		\$	N/A
<b>Cash/Check Pledges</b> <i>Submit all checks &amp; cash with report envelope</i>		\$	\$
<b>Total in Envelope</b> <i>Enter Column Totals</i>		\$	\$

**By signing below, I am affirming the validity of this envelope face and content.  
NOTE: The envelope must be SEALED. Two (2) signatures are required below.**

Chair or designee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

Captain or designee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

**IMPORTANT REMINDER**

A United Way representative will collect ALL SECC donations. To schedule a pick-up, contact:

**Tim Sheldon at [tsheldon@uwde.org](mailto:tsheldon@uwde.org) or 302-740-9401**

**Before** donations can be collected, Chairs must **email a copy of this signed form to [secc@delaware.gov](mailto:secc@delaware.gov).**

**KEEP A COPY FOR YOUR RECORDS**

**UNITED WAY OF DELAWARE USE ONLY**

<b>UWDE Account Manager Signature:</b>				<b>Date:</b>
	<b>Audited</b>	<b>Deposited</b>	<b>Entered</b>	<b>Verify and Closed</b>
<b>Date</b>				
<b>Initials</b>				