



State Employees' Charitable Campaign

PLEDGE FORM
REPORT ENVELOPE

(Maximum 15 Forms Per Envelope)

FOR CAMPAIGN ADMINISTRATORS
USE ONLY

Pick Up/Drop Off: ____/____/2024

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
Payroll Deduction		\$	N/A
Cash/Check Pledges <i>Submit all checks & cash with report envelope</i>		\$	\$
Total in Envelope <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: ____/____/2024

Captain or designee: _____ Date: ____/____/2024

IMPORTANT REMINDER

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

Renee Taschner at rtaschner@uwde.org or (302) 438-5380

Before donations can be collected, Chairs must **email a copy of this signed form to secc@delaware.gov.**

KEEP A COPY FOR YOUR RECORDS

UNITED WAY OF DELAWARE USE ONLY

UWDE Account Manager Signature:			Date:	
	Audited	Deposited	Entered	Verify and Closed
Date				
Initials				