



# CASH ONLY *Paid In Full*

Please include original (top) pledge form(s).

COMPANY NAME

NUMBER OF CONTRIBUTORS

\$  .

TOTAL DOLLAR AMOUNT

***Please submit to United Way within 14 days.***

***DO NOT MAIL – Please include this envelope in the CAUW Paid In Full Report Envelope***

**United  
Way**



TM

**Capital Area United Way**

***United Way Use Only:***

Envelope # \_\_\_\_\_

Account # \_\_\_\_\_