



CREDIT CARDS ONLY *Paid In Full*

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

COMPANY NAME

NUMBER OF CONTRIBUTORS

\$.

TOTAL DOLLAR AMOUNT

***Dated Material – 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 # _____