



County of Sonoma
Combined Fund Drive



United for good.

EMPLOYEE PLEDGE FORM

Full Name: _____ Employee ID#: _____

Department: _____

Address: _____

Please list billing address if you are paying by credit card or if you wish to be acknowledged for your gift.

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How would you like to invest in our community?

Payroll deduction (Begins May 2024)

Deduct \$ _____ per pay period,
x 26 pay periods = \$ _____ total.

Make this a recurring pledge

(payroll gift will continue annually w/
the option to make changes/cancel at
any time)

One-time donation; Amount \$ _____ via:

Payroll deduction (Deducted 1st pay period of May 2024)

Debit/Credit Card (MasterCard, Visa, American Express, Discover)

Card #: _____ Expiration: _____ Security Code: _____

Cash or check

Please attach cash or write a check payable to "County of Sonoma Employee
Combined Fund Drive"

Designate your pledge:

United Way of the Wine Country United for Good Fund: \$ _____

Supports United Way's Community Initiatives: 2-1-1 and Free Tax Support (Earn It! Keep It! Save It!) and United Way's Community Grants Program.

United Way of the Wine Country Emergency Readiness Fund: \$ _____

Invests in preparation and response to local disasters and emergencies.

Other organization(s) listed below:

Maximum of 5 designations. Organizations must be a valid 501(c)3.

Please include the amount per organization and the organization's name, phone, and city for validation purposes.

Signature: _____ Date: _____

Thank you for supporting your community!

Please return the completed pledge form to your Employee Campaign Leader (ECL)
or return directly to Auditor/Payroll. Keep a copy for your records.