



City of Pittsburgh

United Way of Southern PA

Employee Pledge Form

In response to the health and human services needs of my community,
I proudly pledge:

Bi-Weekly Payroll Deduction: **\$** _____
(Enter amount you wish to donate)

EMPLOYEE: _____
(Please print)

SOCIAL SECURITY #: XXX - XX - _____
Last four digits ONLY (For verification purposes)

SIGNATURE: _____ DATE: _____

The amount of pledge shall continue until modified by the employee. Thank you!!

The United Way does not provide goods or services as whole or partial consideration for any contribution made.

