



# Workplace Campaign Contribution Change Form

I, \_\_\_\_\_ as a participant in \_\_\_\_\_'s  
(employee name) (company name)

United Way workplace giving campaign, wish to update my pledge as follows:

- Update my annual payroll deduction**
  - New Amount: \_\_\_\_\_ (per pay period) X \_\_\_\_\_ (number of pay periods) = \$ \_\_\_\_\_
  - Effective Date: \_\_\_\_\_
- Cancel my annual payroll deduction**
  - Effective Date: \_\_\_\_\_

**Exiting Employees Only:**

**Effective Date:** \_\_\_\_\_

- I'm Retiring *(please be sure to fill out sections A and B below)*
- I will no longer be an employee of this company *(please be sure to fill out sections A and B below)*

**A. Do you wish to fulfill the balance your current year pledge to United Way of the Big Bend?**

- Yes – If yes, \_\_\_\_\_ will be deducted from your final paycheck.
- No – As a current donor, your last and final payment from this company to United Way of the Big Bend will be: \_\_\_\_\_.

**B. Do you wish to provide United Way of the Big Bend your forwarding information so they may contact you regarding the option of continuing your gift through a different method?**

- Yes *(Please fill out information below)*       No

Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Contact Number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

*All Employees must sign when making changes to their pledge.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please email this form to [UnitedWay@uwbb.org](mailto:UnitedWay@uwbb.org).

