



**Personalized Pledge Campaign (Paper)**

To arrange personalized pledge forms for the upcoming campaign, complete the attached request form and submit it to United Way, along with a current electronic employee file in **Excel or Comma Delimited (CSV)**. **United Way requires a minimum of 15 working days to produce your personalized campaign.**

**Data & Print Requirements:**

Please do not hesitate to contact your campaign manager at 780-990-1000 with any questions or concerns regarding this form.

**Organization name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Campaign Role:** \_\_\_\_\_

**The date you wish to distribute pledge cards:** \_\_\_\_\_

**Who should we contact with issues regarding the employee file? (e.g. HR or Payroll Contact)**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Your employee file would typically include full names, organization name & locations. (e.g. Leduc) - Optional information may be printed on the pledge form.**

Indicate the number of pay periods your organization has: \_\_\_\_\_

Would you like to include employee ID numbers? \_\_\_\_\_ If yes, please include them in the file.

Please indicate which fields from your data file you would like printed on the pledge form and visible through the envelope window. (e.g. depot, location, etc.)

- |                 |                   |          |                                 |
|-----------------|-------------------|----------|---------------------------------|
| 1. First Name   | Visible in Window | 5. _____ | Visible in Window               |
| 2. Last Name    | Visible in Window | 6. _____ | On Form (Not Visible in Window) |
| 3. Company Name | Visible in Window | 7. _____ | On Form (Not Visible in Window) |
| 4. _____        | Visible in Window | 8. _____ | On Form (Not Visible in Window) |

Please identify which fields you would like the pledge forms sorted by, this will be the order which your pledge packages will be delivered to you. (For example, Last Name, Department)

First Sort: \_\_\_\_\_

Second Sort: \_\_\_\_\_

Third Sort: \_\_\_\_\_

**Optional Data & Print Requirements:**

Do you require a special information line to be printed? (Max: 36 characters including spacing) If Yes, please print the following on all pledge cards: **(Text Only)**

\_\_\_\_\_

**Thank you!**