



United Way of San Antonio and Bexar County

	NAME	
	EMPLOYEE NUMBER	
	Total Annual Pledge \$	
	Fair Share = One hours pay per month Super Giver = One hour +5% per month Trailblazer = Twice hourly rate per month	
	 Monthly Payroll Bi-monthly Payroll Cash/Check Monthly Payroll 	
To plea	Scan QR code to go directly to ePledge! Username: 12345CPS Username: 123450000 Password: 123450000 Password is employee number + last four of SS#	oage at
United Way Age	ency Designation	AMOUNT
Yes! Please fo ADDRESS	rward my name and address to the agency(ies) I have designated above.]
		I
LEADERSHIP	GIVING SOCIETIES: Please acknowledge my gift of \$500 or more in the United Way Leadership Di your name and additional names, if desired). Leave blank to remain anonymo	irectory (include
	Please include me as a member of the Women United Leadership Council - My gift is \$500 or mor Please include me as a member of the Emerging Leaders Council - My gift is \$250 or more.	e.