

COMMONWEALTH OF VIRGINIA CAMPAIGN

PLEDGE TRANSMITTAL REPORT

DATE _____
AGENCY CVC COORDINATOR _____
COORDINATOR PHONE NUMBER _____

AGENCY NAME _____
AGENCY NUMBER _____
AGENCY ADDRESS _____
COUNTY/CITY _____ ZIP CODE _____

This report is my:

- First
- Additional
- Final

This Report Should be Mailed to:
Commonwealth of Virginia Campaign
Pledge Processing
United Way of South Hampton Roads
Post Office Box 41069
Norfolk, Virginia 23541-1069

Checklist!

For all PAYROLL DEDUCTIONS and CREDIT CARDS:

I have enclosed the following:

- YELLOW** copy of pledge card

For all DONATIONS BY CASH, CHECK OR MONEY ORDER:

I have enclosed the following:

- YELLOW** copy of pledge card
- DEPOSIT SLIP, CHECK or MONEY ORDER**

Total Number of Employees: _____

CVC Pledge Data	Number of Employees Giving This Report	Total \$\$ Amount
Giving by Payroll Deduction		
Giving by Credit Card		
Giving by Cash/Check/Money Order		
Giving by Gift of Stock		
Total Giving this Report		

Prepared By _____ Verified By _____