



# CHECKS ONLY *Paid In Full*

Please include the yellow copy of the pledge form(s).

COMPANY NAME

NUMBER OF CONTRIBUTORS

\$  .

TOTAL DOLLAR AMOUNT

***Dated Material – Please submit to United Way.***

***DO NOT MAIL – Please enclose this envelope in the CAUW Paid In Full Report Envelope.***



Capital Area United Way

## ***Thank You!***

***United Way Use Only:***

Envelope # \_\_\_\_\_

Account # \_\_\_\_\_