V DIRECT BILL

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 Payroll, Direct Bill Report Envelope.

United Way

Capital Area United Way

Thank You!

United Way Use Only:

Envelope #_____

Account #_____