



MULTIPLE EMPLOYEE PLEDGE FORM **Special Event Campaign**

Today's Date: _____

Name: _____

Email: _____

State Agency: _____ **Agency Code:** _____

Department/Work Unit: _____

Total Dollars Raised: \$ _____

Event Date: _____

Charity Code:

Designated Charity Name:

Amount:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Cash Verified by (initials): _____ *Do not send cash through the mail.*

- 1. Batch all pledge cards from the Special Event and summarize using this form**
- 2. Submit this form and related pledge cards to your Agency Coordinator for processing.**
- 3. Individual donor acknowledgments are not provided for Special Events.**

