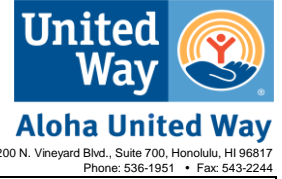


ALOHA UNITED WAY DEPOSIT SHEET City & County

File # 2024- _____
 Account # _____

Department: _____
 Phone: _____



Check one Method of Payment below: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT (Wire, ACH, e-Checks) <input type="checkbox"/> Payroll Deduction & Billing	Instructions 1) Check Pledge Forms for: <ul style="list-style-type: none"> • Signature • 10 Digit City Employee ID 	<ul style="list-style-type: none"> • For Credit Card: Number, Expiration, Billing Address, Phone • For EFT: Voided Check Attached 	
	2) Enter Pledges: Enter name of employee and their annual pledge amount under the Method of Payment they chose. If employee has multiple methods of payment, list employee on their own Deposit Sheet. <i>Note: The highlighted cells are protected and will not allow you to edit. Also cells with totals will automatically calculate.</i>		
	3) Make the Deposit: Enclose with this sheet: Pledge Form and if applicable cash, check, voided check. Schedule an appointment with an Aloha United Way representative and review all materials together. Upon completion of review, please sign Deposit Sheet and make a copy for your records.		

	NAME OF EMPLOYEE	10 Digit City Employee ID	Total Contribution	Per Month Deduction Amount	Type of Contribution					AUW USE	
					Payroll Deduction	Billing	EFT (Wire, ACH, e-Check)	Credit Card	Cash		Check
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
Total Number of Pledges											
Total Employee Donations											
Total Special Events											
GRAND TOTAL											

Campaign Coordinator's Name: _____ Signature: _____ Date: _____	Aloha United Way Representative: _____ Signature: _____ Date: _____
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