Commonwealth of Virginia Campaign

MULTIPLE EMPLOYEE PLEDGE FORM – Special Event 2023 Campaign

**Date:** **Coordinator Name:**

**State Agency Name:** **Agency Code:**

**Employee Name:** **Department/Work Unit:**

**Total Donation Amount:**

**Undesignated Funds** (Undesignated donations go to the VSEAF) **Designated for a charity: Charity Code:** **Charity Name:**

**Totals Verified by (initials):**

Notes:

1. Special Event forms will not be acknowledged by the charity.

2. Each donor listed below will be entered as a separate donation.

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| --- | --- | --- | --- | --- |
| Donor Name | Amount |  | Donor Name | Amount |
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2023 multi-donor form

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| --- | --- | --- | --- | --- |
| Donor Name | Amount |  | Donor Name | Amount |
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Attach as many additional pages as needed.