



## United We Care Fund

### ***Pledge Card Change Form***

- I understand that all donations to the Fund become the property of the United We Care Fund, and that if I wish to change or discontinue my contribution, I must complete a new pledge card.
- I wish to make the following change to my contribution

Stop the contribution \_\_\_\_\_

Change the contribution to \_\_\_\_\_

Team Member printed name: \_\_\_\_\_

Team Member #: \_\_\_\_\_

Store Number: \_\_\_\_\_

I authorize this change.

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may return this form to your store management or the United Supermarkets payroll office.