



Bergen County's United Way

**Employer Assistance Form**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Position Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for Assistance:

\_\_\_\_\_  
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\_\_\_\_\_  
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