

Business Name: _____
Contact Name _____
Address: _____

Campaign Report Form

PLEASE COMPLETE ITEMS 1 THROUGH 6

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1

Is this your FINAL campaign report? <input type="checkbox"/> Yes <input type="checkbox"/> No	C o m p l e t e	IF YES •Total # of employees _____ •Number of pay periods <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> Other/mixed _____ •Are all non-payroll deduction pledge cards enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Forward payroll deduction cards to your payroll department.) •Are checks and cash enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please do not include amounts reported on previous envelopes

2

Type of Contribution	Number of Donors	Pledges Raised	Payment Enclosed	Comments
a. Cash (enclose cash)				*Cash and checks should be included in the envelope. (Individual pledge only - please document Special Event dollars in the space provided below.)
b. Check (enclose checks)				
SUBTOTAL - FULL PAID (a+b)	0	\$ -	\$ -	
e. Payroll Deduction				*Enclose all campaign pledge forms. Keep a copy for your records.
TOTAL (add subtotal line + payroll deduction total)	0	0	0	

CORPORATE GIFT				*Please enclose corporate pledge card.
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3

SPECIAL EVENTS				*If your employees participated in Jeans Day, Food Days, Pay to play days, etc., please enter that amount here.
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4

TOTAL ALL GIFTS	0	\$ -	\$ -	
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5

Authorization: The information on the face of this envelope is accurate to the best of my knowledge. I have verified the payroll gifts, therefore, United Way is authorized to issue statements in these amounts.

6

Signature _____ Title _____

Phone # _____ Date _____ Email _____

