

SALINA AREA UNITED WAY

CAMPAIGN REPORT FORM

BUSINESS INFORMATION

Company Name

Company Contact

Address

City, State, Zip

PLEASE COMPLETE ITEMS 1 THROUGH 6

1

Is this your FINAL campaign report?
 Yes No IF YES

Complete
 Total # of employees _____
 Number of pay periods 12 24 26 Other/mixed _____
 Are all non-payroll deduction pledge cards enclosed? Yes No
 Forward payroll deduction cards to your payroll department.
 Are checks and cash enclosed? Yes No

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	

3

CORPORATE GIFT	Number of Donors	Pledges Raised	Payment Enclosed	Comments
				*Please enclose corporate pledge card.
4				*If your employees participated in Jeans Day, Food Days, Pay to play days, etc., please enter that amount here.
5				
6				
TOTAL ALL GIFTS	0	\$ -	\$ -	

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 _____