

# 2022-2023



United Way of Henry  
County & Martinsville

# CAMPAIGN REPORT

PARTIAL REPORT    FINAL REPORT   DATE:  /  /   
MONTH/DAY/YEAR

COMPANY/ORGANIZATION    EMPLOYEE CAMPAIGN MANAGER

ADDRESS    CITY    ZIP CODE

EMAIL ADDRESS    TELEPHONE NUMBER

PREPARER'S NAME    PREPARER'S TELEPHONE NUMBER    PREPARER'S SIGNATURE

## PAYMENT INFORMATION

- Date you began withholdings for the Payroll Deduction Pledges:  /   
MONTH/YEAR
- How will your company remit Payroll Deduction?:    MONTHLY    QUARTERLY  
*(Please check one)*

**IN ORDER TO DETERMINE AWARD STATUS, PLEASE COMPLETE ALL INFORMATION BELOW. THANK YOU.**

TOTAL NUMBER OF PLEDGE FORMS ENCLOSED:    TOTAL NUMBER OF EMPLOYEES AT TIME OF CAMPAIGN:

	TOTAL CONTRIBUTION	NUMBER OF DONORS
Employee Payroll Deductions	\$ <input type="text"/>	<input type="text"/>
Check Contributions	\$ <input type="text"/>	<input type="text"/>
Cash Contributions	\$ <input type="text"/>	<input type="text"/>
Special Events/Fundraising (bake sale, jeans day, etc.)	\$ <input type="text"/>	<input type="text"/>
Direct Bill	\$ <input type="text"/>	<input type="text"/>
<b>TOTAL EMPLOYEE GIVING</b>	<b>\$ <input type="text"/></b>	<b><input type="text"/></b>
CORPORATE GIFT (Enclose signed pledge card)	\$ <input type="text"/>	
<b>ENVELOPE TOTAL</b>	<b>\$ <input type="text"/></b>	<b><input type="text"/></b>

**THANK YOU! FROM THE MANY PEOPLE WHO BENEFIT FROM YOUR GENEROSITY!**

*\*\*For United Way Use Only:*

DATE:    ENVELOPE: