



# CAMPAIGN ENVELOPE REPORT

PARTIAL REPORT

FINAL REPORT

DATE: \_\_\_/\_\_\_/\_\_\_\_\_

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

- The date you will begin withholding for the Payroll Deduction Pledges: \_\_\_/\_\_\_ (Month/Year)
- How will your company remit Payroll Deductions?  Monthly  Quarterly  
(Please Check One)

## IN ORDER TO DETERMINE COMPANY AWARD STATUS, PLEASE COMPLETE THE FOLLOWING INFO

TOTAL # OF PLEDGE FORMS ENCLOSED \_\_\_\_\_

TOTAL # OF EMPLOYEES AT TIME OF CAMPAIGN \_\_\_\_\_

|                                                     | TOTAL CONTRIBUTION | NUMBER OF DONORS |
|-----------------------------------------------------|--------------------|------------------|
| EMPLOYEE PAYROLL DEDUCTIONS                         | \$                 |                  |
| CHECK CONTRIBUTIONS                                 | \$                 |                  |
| CASH CONTRIBUTIONS                                  | \$                 |                  |
| SPECIAL EVENTS / FUNDRAISERS                        | \$                 |                  |
| DIRECT BILLING / INVOICE                            | \$                 |                  |
| <b>TOTAL EMPLOYEE GIVING</b>                        | <b>\$</b>          |                  |
| <b>CORPORATE GIFT</b> (ENCLOSED SIGNED PLEDGE CARD) | <b>\$</b>          |                  |
| <b>ENVELOPE TOTAL</b>                               | <b>\$</b>          |                  |

FOR UNITED WAY USE ONLY:

CAMPAIGN YEAR

DATE RECEIVED

DATE VERIFIED