



Henry County  
and Martinsville  
**UNITED WAY**

# WORKPLACE CAMPAIGN ENVELOPE REPORT

☐ Final Report      ☐ Partial Report

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company / Organization Name

Campaign Coordinator

Mailing Address

City, State

Zip Code

Email Address

Phone Number

☐ Office

☐ Mobile

Preparer's Name

Preparer's Phone Number

Preparer's Signature

## Payment Information

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

## Company Award Qualifying Information

In order to determine your company's eligibility for workplace campaign award recognition, please complete **all** of the following information:

**Total Number of Pledge Forms  
Enclosed/Attached:**

**Total Number of Employees at  
Time of Campaign:**

	Total Contributions	Number of Donors
Employee Payroll Deductions	\$ _____	_____
Check Contributions	\$ _____	_____
Cash Contributions	\$ _____	_____
Special Event / Fundraisers	\$ _____	_____
Direct Billing / Invoice / Stocks	\$ _____	_____
<b>Total Employee Giving</b>	<b>\$ _____</b>	<b>_____</b>
Corporate Gift	\$ _____	_____
Corporate Match	\$ _____	_____
<b>Total Corporate Giving</b>	<b>\$ _____</b>	<b>_____</b>
<b>Envelope Total</b>	<b>\$ _____</b>	<b>_____</b>