



WORKPLACE CAMPAIGN ENVELOPE REPORT

☐ Final Report ☐ Partial Report

Date: ____ / ____ / ____

School Name / Location

Campaign Chair

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

Campaign Fundraising Envelope Summary

To ensure that every pledge and donation designation is accounted for, please share your location's fundraising totals below. Attach this form to the front of an envelope containing all completed pledge forms, and the checks / cash raised.

**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	\$ _____	_____
Total Employee Giving	\$ _____	_____
Corporate Gift	\$ _____	_____
Corporate Match	\$ _____	_____
Total Corporate Giving	\$ _____	_____
Envelope Total	\$ _____	_____