



CAMPAIGN REPORT

PARTIAL REPORT FINAL REPORT DATE: /
MONTH/YEAR

COMPANY/ORGANIZATION EMPLOYEE CAMPAIGN MANAGER

ADDRESS CITY ZIP CODE

E-MAIL ADDRESS TELEPHONE NUMBER

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

PAYMENT INFORMATION

- Date you will begin withholdings for the Payroll Deduction Pledges: / • Number of
MONTH/YEAR pay periods
- How will your company remit Payroll Deduction?: BI-WEEKLY MONTHLY QUARTERLY in 1 year:
(Please check one)
- Payroll Department Contact: _____ Phone Number: _____

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/Cash Contributions	\$ <input type="text"/>	<input type="text"/>
Credit Card Contributions	\$ <input type="text"/>	<input type="text"/>
Special Events/Fundraising (bake sale, jeans day, etc)	\$ <input type="text"/>	<input type="text"/>
TOTAL EMPLOYEE GIVING	\$ <input type="text"/>	<input type="text"/>
ENVELOPE TOTAL	\$ <input type="text"/>	<input type="text"/>

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

***For United Way Use Only:*

Verified By: _____ Date: _____ Entered by: _____ Date: _____