

CAMPAIGN REPORT ENVELOPE



United Way
of Greater Nashville

FOR UNITED WAY USE ONLY	
FR ID	
ENV. NO.	_____ OF _____
BATCH NO.	

Check if eWay Campaign

PLEASE PRINT	NAME OF INDIVIDUAL PREPARING ENVELOPE
	COMPANY NAME
	DATE PREPARED

1 AUTHORIZATION (REQUIRED) Information provided is accurate to the best of my knowledge. I have verified the pledges, and United Way is authorized to issue statements in these amounts.

CORPORATE REPRESENTATIVE: **X** _____ SIGNATURE _____ TITLE _____

2 THIS ENVELOPE CONTAINS: LEADERS UNITED (Individual gifts of \$500+) | TOCQUEVILLE SOCIETY GIFTS (Individual gifts of \$10,000+) | RETIREE GIFTS (Number of retiree donors: _____ Retiree amount: \$_____)

3 A NUMBER OF LOCAL EMPLOYEES: _____ **COMPLETE BILLING INFORMATION BELOW.**

B	EMPLOYEE GIVING	# OF DONORS PER PAYMENT METHOD:	TOTAL CONTRIBUTION	CASH / CHECKS / CREDIT CARD CHARGES ENCLOSED
1.	PAYROLL DEDUCTION PLEDGES <i>Retain your copy. Please remit as deducted.</i> Please indicate number of payrolls (select all that apply). <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52		\$	\$
2.	PAID IN FULL EMPLOYEE GIFTS <i>Gifts of cash or check. Checks payable to United Way.</i>		\$	\$
3.	BILL DIRECT PLEDGES (include stocks/securities) <i>Enclose a signed pledge card for each pledge.</i>		\$	\$
4.	GIFTS CHARGED TO CREDIT CARDS <i>Please complete all columns to the right.</i>		\$	\$
C	EMPLOYEE GIVING SUBTOTAL (Summarize Section B.)		\$	\$
D	SPECIAL EVENT(S) <i>Enclose payment. Convert coin to check; do not roll coins.</i>	TYPE OF EVENT(S):	\$	\$
E	<input type="checkbox"/> CORPORATE GIFT <input type="checkbox"/> CORPORATE MATCH _____% <i>Enclose signed pledge card.</i> <i>Enclose signed pledge card.</i> <input type="checkbox"/> SPONSORSHIP		\$	\$
F	ENVELOPE TOTAL (C + D + E)		\$	\$

FOR UNITED WAY USE ONLY		# OF DONORS	TOTAL CONTRIBUTION	CASH / CHECKS / CREDIT CARDS
AUDITED BY: _____ DATE	PAYROLL DEDUCTION		\$	\$
	BILL DIRECT / PIF		\$	\$
ENTERED BY: _____ DATE	CREDIT CARD		\$	\$
	SPECIAL EVENT		\$	\$
VERIFIED BY: _____ DATE	CORPORATE		\$	\$
	TOTAL		\$	\$

Contact your Workplace Account Manager for pick-up.