

CAMPAIGN
REPORT ENVELOPE



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

☐ Check if electronic 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:	<input type="checkbox"/> LEADERS UNITED <small>(Please check all that apply.) (Individual gifts of \$500+)</small>	<input type="checkbox"/> TOCQUEVILLE SOCIETY GIFTS <small>(Individual gifts of \$10,000+)</small>	<input type="checkbox"/> RETIREE GIFTS <small>Number of retiree donors: _____ Retiree amount: \$_____</small>

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 <small>Retain your copy. Please remit as deducted. 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</small>			\$	\$	
		2. PAID IN FULL EMPLOYEE GIFTS <small>Gifts of cash or check. Checks payable to United Way.</small>			\$	\$	
		3. BILL DIRECT PLEDGES (include stocks/securities) <small>Enclose a signed pledge card for each pledge.</small>			\$	\$	
		4. GIFTS CHARGED TO CREDIT CARDS <small>Please complete all columns to the right.</small>			\$	\$	
	C	EMPLOYEE GIVING SUBTOTAL (Summarize Section B.)			\$	\$	
	D	SPECIAL EVENT(S) <small>Enclose payment. Convert coin to check; do not roll coins.</small>	TYPE OF EVENT(S):		\$	\$	
	E	<input type="checkbox"/> CORPORATE GIFT <small>Enclose signed pledge card.</small>		<input type="checkbox"/> CORPORATE MATCH _____% <small>Enclose signed pledge card.</small>		\$	\$
		<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.