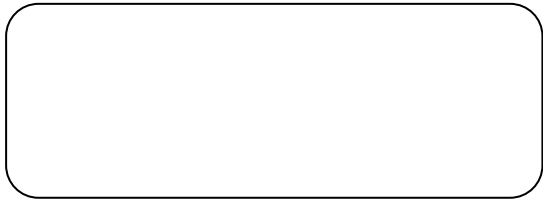


CAMPAIGN REPORT ENVELOPE

DO NOT MAIL



Please Complete Items 1 Through 7

1 Company Name: _____ Company Contact: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____

2 TOTAL Number of Employees at Organization _____

FOR AUDIT USE ONLY: Env # _____
 Deposit Date _____ Initial _____
 Recv'd _____ Completed _____

3 This report is: ___ Partial ___ Final ___ Additional

4 CONTRIBUTIONS ENCLOSED - **DO NOT** include any previously reported pledges.

Type of Contribution	Numbers of Donors	Total Amount Pledged	= Payment Enclosed	+ Amount Due
A. Payroll Deductions				
B. Cash and Checks				
C. Bill Directs & Stock <i>(enclose billing address)</i>				
D. Credit Cards <i>(enclose billing address)</i>				
E. Employee Total <i>(add lines A thru D)</i>				
F. Corporate Contribution				
G. Special Event Funds				
H. Grand Total <i>(add lines E thru G)</i>				

5 Date company's payroll deduction begins for this campaign: _____
 Date company will send first check to United Way for employee payroll withholdings for this campaign: _____
 Date company wants to be billed for corporate gift: _____ Quarterly ___ Annually ___ (if applicable)

6 Did your company have any designations? NO ___ YES ___

<p>7 Name: _____ <i>Report prepared by (please print)</i></p> <p>Signature: _____ Date _____</p> <p>Phone Number: _____</p>	<p>Name: _____ <i>Employee Campaign Manager (please print)</i></p> <p>Phone Number: _____</p> <p>E-mail Address: _____</p>
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DID YOU REMEMBER TO:

- Enclose the top sheet of the employee's pledge form?
- Enclose the Pledge Summary form? *(If possible, please also email to your assigned United Way staff person.)*
- Enclose the Special Events form?

DELIVER TO:

Any Associated Bank location *(this is the preferred delivery method)*
 Drop off at United Way Fox Cities office (8:00 a.m. to 4:30 p.m., M-F)
 Call United Way Fox Cities for pick-up (920) 954-7210



Comments: _____

Thank You!

1455 Midway Road
 Menasha, WI 54952
 Phone: (920)954-7210 Fax: (920)954-7209