

CAMPAIGN REPORT ENVELOPE

DO NOT MAIL

Please Complete All Sections

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

TOTAL Number of Employees at Organization _____	FOR AUDIT USE ONLY: Env # _____ Deposit Date _____ Initial _____ Recv'd _____ Completed _____
This report is: <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> Additional	

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>				

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)*

Did your company have any designations? NO YES

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

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.)*

DELIVER TO:

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

Comments: _____



Thank You!

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