United Way Campaign Summary Report Envelope

STEP 1 – Please complete company information and sign.

1

ORG. #: _____ ORGANIZATION NAME AND ADDRESS (PLEASE FILL OUT COMPLETELY IF LABEL NOT ATTACHED

Company Name

Company Address

P.O. Box

City, State, Zip

Please complete in full.

(Preparer's Name - please print)

(Signature)

(Phone) (Date)

e-mail

UNITED WAY USE ONLY:

Des Y / N

Date Keyed: _____

___ # payroll cards ret'd

Date Ret'd _____

Audited by: _____

Date: _____

cc campaign ❑

STEP 2 – Tell us about your campaign results.

2

PLEASE CHECK ONE: _____ Partial report (do not include previously reported data) _____ Final report **(please complete Step 3, Billing Information)**

	TOTAL # EMPLOYEES	TOTAL # DONORS	PAYROLL DEDUCTIONS	TO BE BILLED BY UNITED WAY	PAID BY CHARGE CARD	CASH (ENCLOSED)	CHECKS (ENCLOSED)	TOTAL PLEDGE
A. EMPLOYEE GIFTS Enclose WHITE COPY of pledge cards			$	$	$	$	$	$
B. COMMUNITY SERVICE FUND GIFTS	(Please enclose completed Community Service Fund pledge card)		$	$	$	$	$	$
C. OTHER GIFTS	(Such as special events, fundraisers, etc.)			$	$	$	$	$
D. CORPORATE GIFTS PLEASE ENCLOSE COMPLETED CORPORATE PLEDGE CARD				$	$	$	$	$
ENVELOPE TOTAL (A+B+C+D)				$	$	$	$	$

UNITED WAY of Erie County

STEP 3 – Tell us where to send statements.

3

PLEASE SEND BILLING STATEMENTS FOR **EMPLOYEE PAYROLL DEDUCTION PLEDGES** TO:

(Name - please print)

(Title) (Phone)

(Address)

Employee deduction pledge payments will be paid:

Monthly _____ Quarterly _____ Other _____ Start mm/yy _____

Payroll deductions will be billed monthly unless otherwise stated.

PLEASE SEND BILLING STATEMENTS FOR THE **CORPORATE PLEDGE** TO:

(Name - please print)

(Title) (Phone)

(Address)

Corporate pledge payments will be paid:

Monthly _____ Quarterly _____ Other _____ Start mm/yy _____

PLEASE DO NOT MAIL – CALL UNITED WAY FOR PICK-UP AT 456-2937

UNITED WAY OF ERIE COUNTY • (814) 456-2937 • FAX (814) 459-5750 • e-mail: info@unitedwayerie.org • UnitedWayErie.org

Thank You.