## **CAMPAIGN REPORT ENVELOPE**

| Company Name: |
|---------------|
| Account #:    |

## **DO NOT INCLUDE PREVIOUSLY REPORTED AMOUNTS**

|   | Instructions   | Number<br>of Givers | Number of<br>Pledge Cards<br>Enclosed | Total Gift | Cash and<br>Checks Enclosed |
|---|--|---------------------|---------------------------------------|------------|-----------------------------|
| Payroll Deduction   | Enclose copies of BOTH sides of<br>each pledge card. Pledge cards<br>MUST be signed by employees.  |                     |                                       |            |                             |
| Continuous Payroll<br>Deductions  | Enclose a list with the name and gift amount of employees who will be continuing their current payroll deduction and will not be completing a new pledge card. |                     |                                       |            |                             |
| Credit Card, Auto<br>Debit, Stocks and Bill<br>Direct                   | Enclose copies of BOTH sides of pledge cards or auto debit authorization forms.  |                     |                                       |            |                             |
| Cash or Checks Only<br>(Record special event<br>money separately below) | Enclose cash or checks with copies of BOTH sides of corresponding pledge cards.  |                     |                                       |            |                             |
| Special Events  | Enclose money from special events at your company.   |                     |                                       |            |                             |
| Corporate Gift  | Enclose signed corporate pledge card.  |                     |                                       |            |                             |
| TOTAL   |  |                     |                                       |            |                             |

| Number of Employees: Full Time +  | Part Time = Total                               |
|---|---|
| Send statements for payroll deduction to:  Attn:Address:  Frequency of billing: Monthly Quarterly | Report completed by:  Title:  Signature:  Date: |
| Month to receive first statement:   |   |
| For United Way Accounting Use   |   |
| Face Sheet Input Date   | //  |
| Cashier Date  | //  |

QUESTIONS? CONTACT UNITED WAY AT (316) 267-1321.



## BEFORE RETURNING THIS ENVELOPE, CHECK THE FOLLOWING: □ Did you include copies of BOTH sides of every pledge card? □ Did you provide current employee numbers? □ Have you enclosed your corporate gift or your signed corporate pledge card? Call (316) 267-1321 to schedule the pick up of this report envelope.