

# CAMPAIGN REPORT ENVELOPE

## DO NOT MAIL



**Please Complete All Sections**

<b>Company Name:</b>	<b># Total Employees:</b>
<b>Address:</b>	<b>City:</b>
<b>State, Zip:</b>	<b>Company Contact:</b>
<b>Email:</b>	<b>Phone:</b>

**FOR AUDIT USE ONLY:** Deposit Date \_\_\_\_\_ Initial \_\_\_\_\_ Recv'd \_\_\_\_\_ Complete \_\_\_\_\_ Env # \_\_\_\_\_

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

Type of Contribution	Numbers of Donors	Total Amount Pledged	= Payment Enclosed	+ Amount Due
<b>A. Payroll Deductions</b>				
<b>B. Cash and Checks</b> <i>(do not include Special Events; see G)</i>				
<b>C. Bill Directs &amp; Stock</b> <i>(enclose billing address)</i>				
<b>D. Credit Cards</b> <i>(enclose billing address)</i>				
<b>E. Employee Total</b> <i>(add lines A thru D)</i>				
<b>F. Corporate Contribution</b>				
<b>G. Special Event Funds</b>				
<b>H. Grand Total</b> <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: \_\_\_\_\_ *(if applicable)*  
 Frequency of corporate gift billing: \_\_\_\_\_ One time \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually *(if applicable)*

### 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: \_\_\_\_\_

**United Way Fox Cities**

# Thank You!

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