

CAMPAIGN REPORT ENVELOPE

DO NOT MAIL



Please Complete All Sections

Company Name:	# Total Employees:
Address:	City:
State, Zip:	Company Contact:
Email:	Phone:

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
A. Payroll Deductions				
B. Cash and Checks <i>(do not include Special Events; see G)</i>				
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: _____ *(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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