CAMPAIGN REPORT ENVELOPE

DO NOT MAIL

For UWFC internal use

PLEASE COMPLETE ALL SECTIONS

Company Name	Company Contact
Address	# Total Employees
City	State Zip
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
1. EMPLOYEE CONTRIBUTIONS				
A. Payroll Deductions				
B. Cash and Checks *(do not include Special Events)*				
C. Bill Directs & Stock *(enclose billing address)*				
D. Credit Cards *(enclose billing address)*				
EMPLOYEE TOTAL *(add lines A thru D)*				
2. CORPORATE CONTRIBUTION ☐ *Match*				
3. SPECIAL EVENT FUNDS				
GRAND TOTAL *(add lines E thru G)*				

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 *(if applicable)*: ☐ One time ☐ Quarterly ☐ Annually

DID YOU REMEMBER TO

☐ **Enclose employee's pledge form?**

☐ **Enclose the Pledge Summary form?** *(If possible, please also email to your assigned United Way staff person.)*

THANK YOU!

DROP OFF AT UNITED WAY FOX CITIES OFFICE

1455 Midway Road, Menasha, WI 54952

M-F, 8:00 a.m. – 4:30 p.m.

Notes/Comments: _____

_____

_____

_____

UNITED WAY
Fox Cities

1455 Midway Road
Menasha, WI 54952
Phone: 920-954-7210