



**For UNITED WAY use only!**

Cash Verified: \_\_\_\_\_

Entered in Comp.: \_\_\_\_\_

# Campaign Report Envelope

**PLEASE COMPLETE ITEMS 1 THROUGH 8**

- 1** Organization/Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_
- 2** Campaign Coordinator within Organization/Company Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

- 3** TOTAL NUMBER OF EMPLOYEES IN ORGANIZATION/COMPANY \_\_\_\_\_
- 4** IS THIS YOUR FINAL CAMPAIGN REPORT?  YES  NO
- 5** CONTRIBUTIONS ENCLOSED: (Do not include any previously reported pledges)

Type of Contribution	Number of Donors	Total Amount Pledged =	Payment Enclosed	+ Amount Due
A. Payroll Deductions				
B. Cash and Checks				
C. Credit Cards				
D. Direct Bill				
E. Employee Total <i>(add lines A thru D)</i>				
F. Corporate Contribution <i>(Enclose Pledge Card)</i>				
G. Special Event Funds				
H. GRAND TOTAL <i>(add lines E thru G)</i>				

- 6** Date your payroll deductions will begin for this year (month & year): \_\_\_\_\_  
 Date you will send the first check to United Way for this campaign: \_\_\_\_\_

- 7** Report prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_

- 8** Picked up by: (United Way Staff or Volunteer) \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN IN ENVELOPE:**  
**ALL YELLOW COPIES OF PLEDGE FORMS AND ALL CASH AND CHECK DONATIONS**  
**PLEASE CONTACT UNITED WAY FOR PICK UP WITHIN TWO WEEKS OF FINISHING YOUR CAMPAIGN.**

# THANK YOU!

**Sheboygan & Plymouth Area United Way**