IV SPECIAL EVENTS *Paid In Full*

COMPANY NAME

$ _____ . __

TOTAL AMOUNT OF CHECKS

\+ $ _____ . __

TOTAL AMOUNT OF CASH

$ _____ . __

TOTAL DOLLAR AMOUNT

Dated Material – Please submit to United Way.

DO NOT MAIL** – Please enclose this envelope in the **CAUW Paid In Full Report Envelope.

United Way™

Capital Area United Way

Thank You!

United Way Use Only:

Envelope #_____

Account #_____