

CAMPAIGN REPORT ENVELOPE

1 Company Name _____ # of Local Employees _____
 Payroll Cycle 12 24 26 52 Other _____ weeks per year (Check all that apply.)

2 Company representative(s) filling out envelope:

Print Name: _____ Phone: _____

3 Gift Type

	a) NUMBER OF CONTRIBUTORS REPRESENTED IN THIS ENVELOPE	b) TOTAL \$ AMOUNT	UNITED WAY USE ONLY	
			AUDIT AMOUNT	AUDIT AMOUNT
A) CORPORATE GIFT <input type="checkbox"/> My company matches employee contributions. <input type="checkbox"/> Payment enclosed (payable to CAUW) <input type="checkbox"/> Please bill as follows on (date) CHECK ONE: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY				
B) EMPLOYEE CHECKS				
C) EMPLOYEE CASH				
D) EMPLOYEE CREDIT CARDS				
E) PAYROLL DEDUCTION CONTRIBUTIONS (annual amount) Please return WHITE copy of all pledge forms.				
F) TO BE BILLED CONTRIBUTIONS				
G) SPECIAL EVENT				
GRAND TOTAL				

4 Is your company's Leadership List enclosed in envelope? Yes No

5 Please keep a copy of this envelope for your records.

6 Contact your United Way representative to submit this envelope.

7 Signature: _____ Date: _____

Acct # _____	Env # _____	Date Rec. _____	Audited By _____
Staff Name _____		Audit Date _____	