## Campaign Report Envelope

### 1. Company Information
- **Company Name:**
- **Payroll Cycle:**
  - ☐ 12
  - ☐ 24
  - ☐ 26
  - ☐ 52
  - ☐ Other ___________ weeks per year (Check all that apply.)
- **# of Local Employees:** ___________

### 2. Company Representative(s)
- **Print Name:** ____________________________
- **Phone:** ____________________________

### 3. Gift Type

<table>
<thead>
<tr>
<th>Gift Type</th>
<th>a) Number of Contributors Represented in This Envelope</th>
<th>b) Total $ Amount</th>
<th>Audit Amount</th>
<th>Audit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Corporate Gift</td>
<td>☐ My company matches employee contributions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Payment enclosed (payable to CAUW)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Please bill as follows on (date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHECK ONE: ☐ MONTHLY ☐ QUARTERLY ☐ ANNUALLY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) Employee Checks</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>C) Employee Cash</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D) Employee Credit Cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Payroll Deduction Contributions (annual amount)</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Please return WHITE copy of all pledge forms.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F) To Be Billed Contributions</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>G) Special Event</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Leadership List
- Is your company’s Leadership List enclosed in envelope? ☐ Yes ☐ No

### 5. Record Keeping
- Please keep a copy of this envelope for your records.

### 6. Submission
- Contact your United Way representative to submit this envelope.

### 7. Signature
- **Signature:** ____________________________
- **Date:** ____________________________

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**United Way Use Only**

Acct # ____________________________
Env # ____________________________
Date Rec. ____________
Audited By ____________________________
Staff Name ____________________________
Audit Date ____________

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Capital Area United Way
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cauw.org