

ORGANIZATION & DONOR CONTRIBUTION ENVELOPE

Complete ALL information inside this box:

- 1** Company Name: _____
 # of Full-Time Service Area Employees: _____ # of Donors: _____
 Payroll Cycle 12 24 26 52 Other _____ weeks per year (Check all that apply.)
 Company representative(s) filling out envelope:
 Print Name: _____ Email: _____
 Donor list enclosed for use by CAUW regarding proper recognition and thank you? Yes No

| 2 Complete Envelope Content Details | a) NUMBER OF CONTRIBUTORS REPRESENTED IN THIS ENVELOPE | b) TOTAL \$ AMOUNT |
|---|--|--------------------|
| A) CORPORATE GIFT Organization pledge card enclosed | | |
| B) DONOR CHECKS | | |
| C) DONOR CASH | | |
| D) DONOR CREDIT CARDS | | |
| E) PAYROLL DEDUCTION CONTRIBUTIONS (annual amount) Please return WHITE copy of all pledge forms. | | |
| F) TO BE BILLED CONTRIBUTIONS | | |
| G) SPECIAL EVENT FUNDS | | |
| GRAND TOTAL | | |

- 3** Contact your CAUW staff member or the main office to submit this envelope.
- 4** Verify contents of envelope with CAUW representative present _____ Organization
 _____ CAUW
- 5** Please keep a copy of this envelope for your records.
- 6** Thank you for your support of Capital Area United Way and our local community!

Capital Area United Way Office Use Only:

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

