

Electronic

Yes

No

CAMPAIGN REPORT ENVELOPE



For United Way Use Only

FR ID

Bid #Env. #

Batch #

209 Center Street #H Chardon, Ohio 44024

Name of Invidual Preparing Form	Company Name
Daytime Phone	Address
Email Address	City
Date Prepared	State

This form contains Donors contributing \$1,000 and up

Yes

No

A	Total number of local company employees	Complete Billing Information Below																											
B	<table><tr><th>Employee Giving</th><th># of Donors</th><th>Total Contribution</th></tr><tr><td>Payroll Deduction Pledges <i>retain your copy. Please remit as deducted</i></td><td></td><td>\$</td></tr><tr><td>Paid in Full Employee Gifts <i>Checks to be collected at a later date</i></td><td></td><td>\$</td></tr><tr><td>Bill Direct Pledges <i>Includes stocks/securities</i></td><td></td><td>\$</td></tr><tr><td>Gifts charged to Credit Cards</td><td></td><td>\$</td></tr><tr><td>C EMPLOYEE GIVING SUBTOTAL <i>(Summarize Section B)</i></td><td></td><td>\$</td></tr><tr><td>D SPECIAL EVENT(S) TOTAL</td><td></td><td></td></tr><tr><td>E CORPORATE GIFT <i>(Attach signed pledge card)</i></td><td></td><td></td></tr><tr><td>F ENVELOPE TOTAL</td><td></td><td></td></tr></table>	Employee Giving	# of Donors	Total Contribution	Payroll Deduction Pledges <i>retain your copy. Please remit as deducted</i>		\$	Paid in Full Employee Gifts <i>Checks to be collected at a later date</i>		\$	Bill Direct Pledges <i>Includes stocks/securities</i>		\$	Gifts charged to Credit Cards		\$	C EMPLOYEE GIVING SUBTOTAL <i>(Summarize Section B)</i>		\$	D SPECIAL EVENT(S) TOTAL			E CORPORATE GIFT <i>(Attach signed pledge card)</i>			F ENVELOPE TOTAL			<div>Visit unitedwaycleveland.org/ecmtools to view instructions for completing this envelope.</div> <div>Please contact a United Way representative at 216.436.2197 for questions.</div> <div>Proceeds to be collected at a later date</div> <div>Thank you</div>
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Mail Billing Statements To:	CORPORATE GIFT	EMPLOYEE PAYROLL DEDUCTION PLEDGES (Please remit as deducted)
name		name
titlephone		titlephone
address		address
citystatezip		citystatezip

FOR UNITED WAY USE ONLY		# OF DONORS	TOTAL CONTRIBUTION	credit card/check
Audited byDateEntered byDateVerified byDate	Payroll Deduction		\$	\$
	Bill Direct/PIF		\$	\$
	Credit Card		\$	\$
	Special Event		\$	\$
	Corporate		\$	\$
	TOTAL		\$	\$