

Company Name:

Payroll Information

Name:___

Email address: __

Payroll Contact —if different from above

Pays per year:_____Date payroll deduction begins:/____

707 N State St, North Vernon, IN 47265

CAMPAIGN REPORT FORM

Account #	
Date Rec'd	

Business email address: CEO: CEO email address: Company Campaign Leader:			Report Summary Total # Employees: # Donors (enclosed): # Leadership givers:						
					Report is: □Partial □Final				
					Company	Campaign Leader email:			
			Quantity	Item	Total	Paid Now	Balance		
-	Special Events or Fundraisers								
	Payroll Deduction Pledges								
	Fully Paid Gifts cash/checks enclosed								
	Direct "bill me" Pledges								
	Debit/Credit Card Pledges								
	Employee Totals								
Corporat	e Pledge & Match%								
	Today's Totals								
	Amount previously reported								
	Campaign Total								
Please encl	ose the white copy of pledge cards with this report	. (Yellow copy is for p	ayroll and pink is the	donor's receipt.					
Employee Ca	mpaign Awards Criteria:	☐ Campaign Award	d (Meet two of the award	criteria)					
• \$100	o increase in employee giving O or more employee per capita or more leadership givers	 50% or more employee participation 30% or more "My Share" level or higher (1 hours pay/ montor 1% of salary) 							

We want to volunteer! ■ Campaign ■ VITA ■ Financial Security Programs ■ Day of Caring ■ Committees!

Payments to United Way will be made:

Phone

□Pay period □Monthly □Quarterly □Other:

Ext