

CAMPAIGN REPORT FORM

FILL OUT COMPLETELY - PLEASE PRINT

FOR UNITED WAY USE

Account #

ORGANIZATION _____

TOTAL # OF EMPLOYEES _____

STREET ADDRESS/ PO BOX _____

PREPARER'S NAME _____

CITY _____ STATE _____ ZIP _____

PREPARER'S SIGNATURE _____

PLEASE CHECK ONE: PARTIAL REPORT FINAL REPORT

PHONE _____ DATE _____

| CONTRIBUTIONS | # OF DONORS | TOTAL CONTRIBUTION | AMOUNT ENCLOSED |
|--|-------------|--------------------|-----------------|
| 1A. CASH AND CHECK | | \$ | \$ |
| 1B. CREDIT CARD | | \$ | |
| 2. EMPLOYEES TO BE BILLED BY UNITED WAY/ EMPLOYEES PLEDGING WITH SECURITIES | | \$ | |
| 3. EMPLOYEE PAYROLL DEDUCTIONS | | \$ | |
| 4. OTHER FUNDRAISING (special events, etc.) ENCLOSE ALL PROCEEDS. | | \$ | \$ |
| TOTAL EMPLOYEE GIVING | | \$ | \$ |

| | | | |
|---|--|----|----|
| CORPORATE GIFT Enclose signed pledge card or check. | | \$ | \$ |
| ENVELOPE TOTAL | | \$ | \$ |

BILLING INSTRUCTIONS

| SEND EMPLOYEE PAYROLL DEDUCTION BILLING STATEMENT TO: | SEND CORPORATE GIFT STATEMENT TO: |
|---|-----------------------------------|
| Name (Please print) _____ | Name (Please print) _____ |
| Title _____ Phone _____ | Title _____ Phone _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |

FOR UNITED WAY USE ONLY

UW Account Manager Signature _____

| | Pick Up | Verify | Transfer to Accounting | Envelope # |
|----------|---------|--------|------------------------|------------|
| Date | | | | |
| Initials | | | | |



150 John Robert Thomas Drive
Exton, PA 19341
610-429-9400

The official registration and financial information of Chester County United Way may be obtained from the Pennsylvania Department of State by calling, toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.