

# 2023-2024 UNITED WAY REPORT ENVELOPE

Company Name: \_\_\_\_\_  
*Please print name as you would like it listed in publications.* *Pacesetter: Yes\_\_\_\_\_No\_\_\_\_\_*  
 CEO, President, or Manager: \_\_\_\_\_  
 Coordinator: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Total # of Employees: \_\_\_\_\_ # of Pay Periods Per Year: \_\_\_\_\_  
 Payroll Contact \_\_\_\_\_ Phone: \_\_\_\_\_  
 Payments will be sent:  Monthly  Quarterly  Other \_\_\_\_\_  
 Report is:  Final  Partial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include ALL Yellow copies from the United Way Pledge Cards or copies of your Company's personal pledge cards. If using a spreadsheet - a list of the names, addresses, email address, and dollar amounts for each donor will be needed. Please return to your United Way staff member. If you have any questions, please call 239.433.2000

|   | # of Givers | Total Gift                              | Amount Paid | Balance Due |
|---|-------------|---|-------------|-------------|
| Fully Paid Pledges<br><i>Enclose Cards &amp; Payments</i> |             | Check _____<br>Cash _____<br>Coin _____ |             |             |
| Credit Card Payments<br><i>Enclose Cards</i>              |             |   |             |             |
| Special Event Contributions                               |             | Check _____<br>Cash _____<br>Coin _____ |             |             |
| Payroll Deductions  |             |   |             |             |
| Corporate Gift/Match                                      |             |   |             |             |
| Totals  |             |   |             |             |

|   |                        |
|---|------------------------|
| For Office Use Only   | Andar Acct # _____     |
| Staff Member Submitting: _____                              | Date: _____            |
| Special Notes: _____  |                        |
| # of DeToq: _____   | # of Keel: _____       |
| # of Sextant: _____   | % Participation: _____ |
| Corporate gift needing donor match memo? Yes _____ No _____ |                        |