

2024-2025 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: _____
 Human Resources Contact _____
 Phone/Email: _____

Payroll Deduction: Beginning Date: _____ Ending Date: _____
 Payments will be sent: Monthly Quarterly Other _____
 Report is: Final Partial Signature: _____ Date: _____
 Will you have an electronic file for campaign results? Yes No

Please include 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 Campaign Coordinator. If you have any questions, please call 239.433.2000

	# of Givers	Total Gift	Amount Paid	Balance Due
Fully Paid Pledges <i>Enclose Cards & Payments</i>		Check _____ Cash _____ Coin _____		
Credit Card Payments <i>Enclose Cards</i>				
Special Event Contributions		Check _____ Cash _____ 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 _____	