

Company Name _____



United Way
of Richmond County

United Way Campaign Report Envelope

Deliver This Envelope Sealed

Date Completed: _____

Payroll Deduction Start Date: _____

	# of Donors	Total Pledged	Amount Paid	Balance Due
Corporate Pledge		\$	\$	
Payroll Deduction Pledges		\$		
Cash/Check Donations		\$	\$	
Credit Card		\$	\$	\$
Direct Billing Pledges		\$		\$
Totals		\$	\$	\$

Total Number Of Contributors _____	÷	Total Number of People Employed by Company _____	=	Employee % Participation _____
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Please... In order to determine this year's company campaign awards fill out the entire envelope.

If you have any questions about completing the envelope, please call - 910.997.2173 or 910.206.2909

Please enclose the following and return to United Way:

- ❖ **Pledge Forms (top copy):**
Keep the bottom copy of pledge forms for your records.
- ❖ **Cash and Checks:**
Use a paperclip to bind the pledge forms. **DO NOT USE STAPLES.**
- ❖ **Addresses:** All Leadership Givers and anyone billed must provide their address and phone number.

Envelope Completed By _____ Date _____

Phone _____ Email _____

THANK YOU *for* MAKING A DIFFERENCE IN OUR COMMUNITY