

# Campaign Report Envelope

United Way of  
Sheboygan County



<b>For United Way use only:</b>  Entered in Comp: _____  Cash Verified: _____
---

**1 Organization/Company**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2 Employee Campaign Coordinator**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3 Total Number of Employees in Organization/Company:** \_\_\_\_\_

**4 Is this your final campaign report?** YES  NO

**5 Date your payroll deductions will begin for this campaign (month & year):** \_\_\_\_\_

**6 Date you will send the first check to United Way for this campaign:** \_\_\_\_\_

**7 Report prepared by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**8 CONTRIBUTIONS ENCLOSED: (Do not include any previously reported pledges)**

Type of Contribution	1. Number of Donors	2. Total Amount Pledged <i>Add Columns 3 &amp; 4</i>	3. Payment Enclosed	4. Amount Due
A. Payroll Deductions		\$		\$
B. Cash and Checks		\$	\$	
C. Credit Cards		\$		\$
D. Direct Bill		\$		\$
E. Employee Total <i>add lines A through D</i>		\$	\$	\$
F. Corporate Contribution <i>Enclose Pledge Card</i>		\$	\$	\$
G. Special Event Funds		\$	\$	\$
H. GRAND TOTAL <i>add lines E through G</i>		\$	\$	\$

**Please include in envelope:**

- Copies of all pledge forms or email digital copies to [leanne@uwofsc.org](mailto:leanne@uwofsc.org)
- All cash and check donations
- A printed copy of your pledge spreadsheet & email a digital copy to [leanne@uwofsc.org](mailto:leanne@uwofsc.org)

**Thank you for supporting United Way of Sheboygan County**