



CAMPAIGN SUMMARY FORM

***REQUIRED FIELDS**

*Business			
*Address			
*CEO/Owner Name:			
*Contact Name		*Phone	
*Email		Website	

Total Number of Employees: _____

Date Payroll Deductions will Begin: _____

Date First Check will be Sent: _____

Number of Pay Periods: _____

(Note: If there are multiple pay periods depending on the employee, please list the number of pay periods individually on the spreadsheet to verify their total donation through payroll.)

Type of Contribution	Number of Gifts	Total Amount Pledged	Payment Enclosed	Amount Due
Payroll Deductions				
Cash				
Checks				
Credit Cards				
Direct Bill				
Corporate Gift				
Other Special Events				
Grand Totals				

Choose all that apply below.

Please include with this final report:

- Copies of all pledge forms; or email copies to info@uwofsc.org
- All cash and check donations
- Printed copy of your pledge spreadsheet; or email spreadsheet to info@uwofsc.org

(Pledge spreadsheet should include employee name, total gift amount, and gift designation)

- Copies of all pledge forms

Report Prepared By: _____ Signature: _____ Date: _____