

In this business...

20____ -20____ Campaign Report

COMPANY / ORGANIZATION NAME: _____ DATE: _____

EMPLOYEE NUMBER: _____ Full-time: _____ Part-time: _____

CONTACT PERSON: _____

ADDRESS: _____
Street and P.O Box City State Zip

TELEPHONE: _____ FAX: _____

EMAIL: _____

CONTRIBUTIONS / PLEDGES

TYPES OF GIVERS	NUMBER	AMOUNT
EMPLOYEES FULLY PAID (Cash or check enclosed)		
PAYROLL DEDUCTION EMPLOYEES (Reported to your company payroll or human resource office)		
TO BE BILLED BY UNITED WAY (Reported with specific billing instructions and addresses)		
TOTAL CONTRIBUTIONS (Do not include corporate gift)		
CORPORATE / COMPANY CONTRIBUTION (No employee totals included)		
GRAND TOTAL (All company and employee)		

We

LIVE UNITED®



United Way of
Northeast Kentucky