



Company | Organization Name: _____ **Date:** _____

Number of Employees: _____ **Full-time:** _____ **Part-time:** _____

Contact Person: _____

Address: _____
Street City State Zip

Phone: _____ **Fax:** _____

Email: _____

TYPES OF GIVERS	NUMBER	AMOUNT
Employees Fully Paid <i>Check or cash enclosed.</i>		
Payroll Deduction Employees <i>Reported to your company payroll or human resource office.</i>		
To Be Billed By United Way <i>Reported with specific billing instructions and addresses.</i>		
Total Contributions <i>Do not include corporate gift.</i>		
Corporate / Company Contribution <i>No employee totals included.</i>		
GRAND TOTAL (COMPANY AND EMPLOYEE)		



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