

CAMPAIGN SUMMARY REPORT

Thanks for your support of our United Way. If you have any questions while completing this form, please contact **Kasey Coffey 336.438.2000**.

COMPANY NAME _____ CEO _____

TOTAL NO. of EMPLOYEES _____ NO. of EMPLOYEES GIVING IN THIS REPORT _____

ADDRESS _____

Street, City, State, Zip

NAME OF PERSON COMPLETING THIS REPORT _____

EMAIL _____ PHONE NUMBER _____

DATE _____

PLEDGE FORM AND PAYMENT INSTRUCTIONS

Please attach a signed copy of each employee pledge form with this Campaign Summary Report

a. Payroll Deductions: Please enter the amount of payroll deductions ONLY included with this report

b. Cash/Checks: Attach all cash/checks. Please ATTACH to the corresponding pledge form-please do NOT staple

c. Credit Cards: Please be sure all pledge forms include donor's billing address

SUMMARY REPORT INSTRUCTIONS

Complete all pledge information below showing ONLY amount reported on this summary. Upon completion, please do one of the following:

Please scan and return summary and signed pledge forms to:

Kasey Coffey : kcoffey@uwalamance.org

OR

If checks or cash included, please email Kasey Coffey and we will pick up the summary and signed pledge forms.

Is this your final report? (Please Circle)

Yes No

	a.Amount in Payroll Deductions	b.Amount in Cash and Checks	c.Amount to Be Billed or Credit Card Amount	TOTALS
CORPORATE PLEDGE ENCLOSED FORMS		\$	\$	\$
EMPLOYEE PLEDGES ENCLOSED FORMS	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

THIS SPACE FOR CAMPAIGN AUDITOR ONLY

a. Amount in Payroll Deductions \$ _____

Number of Pledge Forms Attached _____

c. Amount to Be Billed or Credit Card Amt \$ _____

Number of Pledge Forms Attached _____

b. Amount in Cash and Checks

Cash \$ _____

Checks \$ _____

TOTAL AMOUNT OF PLEDGES \$ _____

Number of Pledge Forms Attached _____

TOTAL NUMBER OF PLEDGE FORMS ATTACHED _____

DATE RECEIVED _____ DATE AUDITED _____ AUDITED BY _____

