United Way

United Way of the Ohio Valley

CAMPAIGN REPORT ENVELOPE

Total Number of local Fulltime Equivalent employees: _____

	Number of Donor(s) (Column A)	Amount Pledged (Column B)	Total Amount Enclosed (Column C)
1) One-Time Gift(s) (Cash/Check):		$ _____	$_____
2) Direct Bill by UW to donor:		$ _____	
3) Payroll Deduction		$ _____	
I. EMPLOYEE TOTALS (Add lines 1 + 2 + 3 from column A, B & C)		$ _____	$_____
II. CORPORATE GIFT		$ _____	$_____
III. SPECIAL EVENTS/FUNDRAISERS		$ _____	$_____
IV. GRAND TOTALS (Add lines I + II + III from column B & C)		$ _____	$_____

Please invoice balance due (mark your choice):

_____ Monthly
_____ Quarterly

Authorized Signature

Thank You!