



United Way of
The Ohio Valley

UNITED WAY OFFICE USE ONLY:

Env. # _____

Date Rec'd _____

Initials: _____

_____ Final _____ Partial

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!