

WORKPLACE CAMPAIGN SUMMARY

Company _____

Campaign Coordinator Name _____

Coordinator Phone _____ Coordinator Email _____

CORPORATE CONTRIBUTION

Amount of Corporate Contribution \$ Check Enclosed -or- Bill Me (choose one)

Contact Info: Contact Name _____

Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Once in the month of _____ 20____

Quarterly (4 payments)

EMPLOYEE CONTRIBUTIONS

How many pledge forms are enclosed? _____

Total number of employees who gave **CASH**

Total amount of **CASH** enclosed \$

Total number of employees who gave by **CHECK**

Total amount of **CHECKS** enclosed \$

Total number of employees who gave through **PAYROLL DEDUCTION**

Total amount of **PAYROLL DEDUCTION** pledges enclosed \$

Total number of employees who gave through **BILL ME**

Total amount of **BILL ME** pledges enclosed \$

+ _____

+ _____

COLUMN TOTAL
(Should be same as number of pledge forms enclosed)

COLUMN TOTAL \$

Campaign Coordinator Signature _____ Date _____

Please include this completed Workplace Campaign Summary with all completed pledge forms, cash, and/or checks in an envelope. Envelopes can be dropped off at United Way Manitowoc County, 21 E. Waldo Blvd., Manitowoc. If you have questions or would like your envelope picked up, please call United Way Manitowoc County at (920) 682-8888. Thank you for your support of United Way Manitowoc

UNITED WAY MANITOWOC COUNTY USE

Campaign Year _____ Total # of Pledge Forms Enclosed _____

Total Corporate Contribution \$ _____ + Total Employee Contribution \$ _____ = Total Contribution \$ _____

Total Cash \$ _____ Total Checks \$ _____ Total Payroll Deductions \$ _____

Total Bill Me \$ _____ Total Special Events \$ _____

United Way Employee Signatures _____ Date _____