



WORKPLACE FUNDRAISER SUMMARY

United Way
Manitowoc County, Inc.

COMPANY INFORMATION

Company Name _____ # of Employees _____

Point of Contact: Full Name _____

Phone _____ Email _____

Company Mailing Address _____

Company CEO: Full Name _____

Phone _____ Email _____

CORPORATE DONATIONS

Amount \$ _____ Enclosed **-OR-** Invoice Us

Recognition: Remain anonymous Should read: _____

EMPLOYEE DONATIONS

<u>Type of Donation</u>	<u># of Employees for Each Type</u>	<u>Total Value for Each Type</u>
Cash		\$
Check		\$
Payroll Deduction*		\$
GRAND TOTALS		\$

**For payroll deduction, noting employees who are retiring in 2024 along with a retirement date is greatly appreciated.*

SPECIAL EVENT(S)

Total Raised \$ _____ Name/Type of Event(s) _____

Enclosed **-OR-** Sending Payment via ACH or Check (please circle ACH or Check)

Point of Contact Signature _____ Date _____

Please include with this Workplace Fundraiser Worksheet all completed Pledge Forms, cash and/or checks in an envelope. Please call us at (920) 682-8888 to make pick up or drop off arrangements. Thank you for supporting United Way Manitowoc County!