



WORKPLACE FUNDRAISER SUMMARY

United Way
Manitowoc County, Inc.

COMPANY INFORMATION

Company Name: _____

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

Type of Donation	# of Employees Per Donation Type	Total Value Per Donation Type
Payroll Deduction*		
Bill Me Later		
Cash		
Check		
Credit Card		
GRAND TOTALS		

**For payroll deduction, noting employees who are retiring in 2025 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-** Sending payment via Check

Point of Contact Signature _____ Date _____

Please include with this Workplace Fundraiser Summary all completed Employee Pledge Forms, cash and/or checks in an envelope. Thank you for supporting United Way Manitowoc County!