

CAMPAIGN PLEDGE REPORT ENVELOPE

Company Name _____

THIS SECTION IS REQUIRED IN ORDER TO PROCESS YOUR WORKPLACE CAMPAIGN PLEDGE

Total Number of Donors _____ <i>(total from SECTION 1)</i>	Total Pledge \$ _____ <i>(total from SECTION 2)</i>	Total Payment Enclosed \$ _____ <i>(total from SECTION 3)</i>
Total # of Full- & Part-Time Employees in Organization: _____ <i>(include those who did not give)</i>		
Report completed by _____		Title _____
Phone _____		E-mail _____
➡ Signature _____		Date _____

PLEASE FILL OUT THE WORKSHEET BELOW TO DETERMINE YOUR TOTALS

PLEASE DO NOT INCLUDE PREVIOUSLY REPORTED AMOUNTS	Instructions	SECTION 1	SECTION 2	SECTION 3
		Number of Donors	Pledge	Payment Enclosed
Payroll Deduction	For acknowledgement purposes, please include Employee Copy of pledge cards or email Excel file with complete list of employee names, addresses, and gift amounts to campaign@unitedwayrrv.org. Forward Employer copies to HR/Payroll.		\$	
Direct Bill	\$50 minimum. Enclose pledge cards. Signatures and donor addresses required.		\$	
Cash or Checks	Enclose cash or checks with corresponding pledge cards.		\$	\$
Credit Card	Enclose pledge cards with credit card information.		\$	
Corporate Gift	Enclose signed corporate pledge card.		\$	\$
Special Events	Please combine all cash gifts into a single check			\$
	TOTAL <i>(Use these totals for required section above)</i>		\$	\$
		<i>(SECTION 1)</i>	<i>(SECTION 2)</i>	<i>(SECTION 3)</i>

PLEASE DO NOT INCLUDE PREVIOUSLY REPORTED AMOUNTS

THANK YOU

United Way of Rock River Valley

LIVE UNITED



Questions?
Phone: 815.968.5400
E-mail: campaign@unitedwayrrv.org

ENVELOPE #