

2016-2017 CAMPAIGN REPORTING ENVELOPE

United Way
of Union County



www.unitedwayofunioncounty.org

648 Clymer Road, Suite 120
Marysville, Ohio 43040
(937) 644-8381 or (877) 644-8381
FAX: (937) 303-4168

Please fill out this form completely. It is important for audit purposes and for the efficiency of the campaign. Upon completion of the campaign, enclose copies of all completed pledge forms and all gifts of cash and checks. Return the envelope and any unused campaign materials to the United Way office or call us for pickup. Thank you so much for helping to coordinate this project. Know that your efforts are going a long way toward improving lives right here in Union County!

Company Name: _____ Number of Employees: _____
 Address: _____ Employees Investing: _____
 City & Zip: _____ Telephone: _____
 Campaign Coordinator: _____ E-Mail: _____
 CEO/President: _____ E-Mail: _____

Donation Methods	Number of Pledges	Total Amount Pledged	Total Amount Enclosed	Balance to be Paid
Payroll Deductions				
One-Time Cash				
One-Time Checks				
"Bill me" Pledges				
Credit Card Pledges				
Company Fundraisers				
Company Match/Gifts				
Grand Total		\$	\$	\$

Payment of Balance will be paid:

____ Monthly
 ____ Quarterly
 ____ Please have United Way bill us quarterly.

Does your company allow new hires to enroll in payroll deduction for United Way year-round?

____ Yes ____ No

Authorized Signature: _____

2nd Signature: _____

Date: ____/____/____