

# Campaign Reporting Envelope

Please complete all sections in full.



## 1

### COMPANY INFORMATION (PLEASE PRINT)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Number of pay periods per year (Check all that apply):  12  24  26  52  Other \_\_\_\_\_  
Our company allows employees to choose alternate number of deductions:  Yes  No

## 2

### COMPANY CONTACT INFORMATION

Employee Campaign Coordinator: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Payroll Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
Email: \_\_\_\_\_ Payroll Deduction Start Date: \_\_\_\_\_

## 3

### EMPLOYEE PLEDGES IN THIS ENVELOPE

	Number of Donors	Total Amount	Payroll Deduction Billing: Start Date: _____
Payroll Deduction:	_____	\$ _____	<input type="checkbox"/> One-Time <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Cash/Check:	_____	\$ _____	
Credit Card:	_____	\$ _____	Billing Address: _____
Bill Me:	_____	\$ _____	_____
Special Event:	_____	\$ _____	City: _____ State: _____ Zip: _____
<b>Total Employee Pledges:</b>	_____	\$ _____	

## 4

### CORPORATE PLEDGE

\$ \_\_\_\_\_ (PLEASE INCLUDE CORPORATE PLEDGE FORM IF NOT PREVIOUSLY SUBMITTED)

Payment enclosed  Payment already sent  Payment will be sent at a later date

Bill us for corporate pledge: Start Date: \_\_\_\_\_  One-Time  Semi-Annually  Quarterly  Monthly

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



United Way  
of Coastal Carolina

United Way of Coastal Carolina  
601 Broad Street, PO Box 1385 New Bern, NC  
28560 252.637.2460 | unitedwaycoastalnc.org

UWCC Rep: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Envelope #: \_\_\_\_\_ Data Entry Date: \_\_\_\_\_ Logged by: \_\_\_\_\_ Prize: \_\_\_\_\_