United Way Staff





| Organizational Information | | Reporting Contact | |
|---------------------------------|----------------------------------|---|---|
| Organization | | Name | |
| ECM Name | | Email | |
| ECM Email | | Phone | |
| How many employees do you have? | | | |
| Organizational Giving Summary | <i>Do not in</i> # of Donors | oclude previously reported p Total Pledges | ledges in this report envelope. Total Payment Enclosed |
| A. Corporate Giving | " or Delitors | rotar rieuges | Total Layment Enclosed |
| 1. Cash | | | |
| 2. Checks | | | |
| Total A (A1+A2) | | | |
| B. Employee Giving | | | |
| 1. Cash | | | |
| 2. Checks | | | |
| 3. Credit Cards | | | |
| 4. To Be Billed | | | |
| 5. Payroll Deductions | | | |
| Total B (B1+B2+B3+B4+B5) | | | |
| C. Special Events | | | |
| 1. Cash | | | |
| 2. Checks | | | |
| Total C (C1+C2) | | | |
| Total Giving Summary (A+B+C) | | | |
| | | | |
| Submitted by | Date | Email | |
| Title | Company Representative Signature | | |