

# 2020-2021 UNITED WAY REPORT ENVELOPE

Company Name: \_\_\_\_\_

*Please print name as you would like it listed in publications.*

CEO, President, or Manager: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_ # of Pay Periods Per

Year: \_\_\_\_\_

Payroll Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Payments will be sent:  Monthly  Quarterly  Other \_\_\_\_\_

Report is:  Final  Partial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include ALL Yellow copies of United Way Pledge Cards or copies of corporate pledge cards with designations if not using the local United Way Cards. If not including copies of pledge cards a list of names, addresses, and dollar amounts for donors \$240 or more including designations is needed. Electronic versions are preferred if submitting lists instead of cards. Please turn into your United Way staff member. 239.433.2000

	# of Givers	Total Gift	Amount Paid	Balance Due
<b>Fully Paid Pledges</b> <i>Enclose Cards &amp; Payments</i>		Check _____ Cash _____ Coin _____		
<b>Credit Card Payments</b> <i>Enclose Cards</i>				
<b>Special Event Contributions</b>		Check _____ Cash _____ Coin _____		
<b>Payroll Deductions</b>				
<b>Corporate Gift</b>				
<b>Totals</b>				

<b>For Office Use Only</b> Staff Member Submitting: _____ Date: _____ Special Notes: _____ _____ _____
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